APPENDIX III REFUND REQUEST FORM

Member Name:			Date of Lodging Reque	est:				
Pony Club WA Member Number:								
Pony Club WA Event Withdrawn from:								
Date of Event:								
Class(es) Withdrawn from:								
Please attach supporting documentation (tick appropriate box):								
Medical Certificat	te	Veterinary	/ Certificate					
Reasons for Withdrawal:								
I understand that my refund request will be processed in accordance with the Pony Club WA State Competition General Regulations and if accepted, the refund will be made to my club.								
Member name:			Member Signature:					

ADMINISTRATION USE ONLY									
Approved		Denied		Adju	isted amount				
Comments:									
Staff name:				Signature:					

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