

## **Refund Request Form**

Last Updated: 24<sup>th</sup> February 2010

Competition/Event Name:						
Competition/Event Date:						
Rider's details						
Name						
Address						
Contact #						
Email						
NDHD Member Y/N		N EA Member # (if applicable)				
				(п арр	ncaurey	
Horse / Class Detail	S					
Horse Name						
Class /Test					To receive a refund you must include a Vet Certificate or	
I					Doctors Certificate	
Horse Name					Refund form can be posted to:	
Class /Test					Treasurer Northern Districts Hack & Dressage Inc.	
Horse Name					PO Box 1192 Burpengary QLD 4505	
Class /Test					Or emailed to: treasurer@ndhd.net.au	
Defend Demond D	ماداد					
Refund Payment D	etaiis					
Entry Fees Paid: \$ Stabling/Yard/Camping Fees Paid: \$				Total Fees Paid: \$		
Please make my ref	fund Chequ	e payable	to:			
PLEASE NOTE: A 2	0% admini	stration fe	e will be o	leducted fr	om your refund as per the NDHD Refund	
Policy. To ensure	•		for comp	•	ent fees please complete this form & post	

or email it within 24 hours of the competition/event date.

I declare that the information provided on this correct and complete.

Name: Signature: Date: