



REGISTRATION FEE REFUND FORM

Please submit this form to Bundaberg Touch by email: bundytouch@gmail.com

Please note: Refund process may take up to 4 weeks from receiving this form. Refunds (*if approved*) will take into consideration number of games played, Compulsory Affiliated/Insurance Fees (not recoverable by BTA).

SURNAME:	GIVEN NAME:
CONTACT No:	DIVISION:
EMAIL ADDRESS:	
REASON for REFUND REQUEST <i>Note: Provide supporting documentation where possible e.g. Medical certificate etc).</i>	

BANK DETAILS	
BSB No:	Bank Name:
Account No:	Account Name:
DECLARATION	
I declare that the information provided for the refund is true and correct.	
Signature: _____	Date: _____
Name: _____	
INTERNAL USE ONLY	
Date Received: _____	
<input type="checkbox"/> Refund Approved	<input type="checkbox"/> Refund Denied
Refund value: \$ _____	
Date Approved: _____	