2019 National Clubs Carnival Event Refund Form



This for is to be submitted by CLUBS ONLY - no individual refund requests will be processed

thlete Refunds				
Athlete ID #	Athlete Name		GymSport	Medical Certificate Office Use Only
ub Payment Det	ails			
Accounts Name				
Bank Name				
BSB Number				
counts Numbe	r			
total Refunds wil refund requ All refund re All refunds received aft Refunds wil	I be the er I only be g est equest mu must be re er this dat I be paid b	ntry fee (\$140) less 20%	medical certificate is sussemble is suspensive in medical certificate in medical certificate is suspensive in medical certificate	er. All refund requests
		SIGNATURE ,		DATE