

CHINGUACOUSY CURLING CLUB REQUEST FOR REFUND FORM

PART I: Completed by Curler			
<i>Completed by curler and delivered to Club Executive by League Rep.</i>			
Name:			
Address:		Phone #:	
REASON FOR REFUND:			
Curler Signature:		Date:	

PART II: Completed by Registrar & Board			
Fees Paid to Date:			
Amount Eligible For Refund:			
ACTION APPROVED BY BOARD:			
Board Chair Signature:		Date:	

PART III: Completed by Treasurer			
Date of Refund:		Refund Amount:	\$
Method of Refund:			
Treasurer Signature:		Date:	

CHINGUACOUSY CURLING CLUB

Refunds may be considered to members for injury or illness only. Completed form to be filed with the minutes.