



Refund Request Form

Last Updated: 29th October 2010

Competition/Event Name:	
Competition/Event Date:	
Rider's details	
Name	
Address	
Contact #	
Email	
SEG Member #	EA Member # <small>(if applicable)</small>

Horse / Class Details

Horse Name			
Class /Test			
Horse Name			
Class /Test			
Horse Name			
Class /Test			

To receive a refund you must include a Vet Certificate or Doctors Certificate

Refund form can be posted to:

Treasurer

Samford Equestrian Group Inc.

PO Box 41

Samford QLD 4520

Or emailed to:

treasurer@samfordequestriangroup.com

Refund Payment Details

Entry Fees Paid: \$	Total Fees Paid: \$
Compulsory Fees Paid : \$	
Please make my refund to:	
Direct Bank Deposit	Account Number: _____ BSB: _____
	Account Name: _____

PLEASE NOTE: A \$2 per ride administration fee will be deducted from your refund as per the SEG Refund Policy. To ensure you receive a refund for competition/event fees please complete this form & post or email it within 30 days of the competition/event date.

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

Name:

Signature:

Date: