



# KDSC APPLICATION FOR REFUND

Please note: Refunds will not be considered after 28<sup>th</sup> February.

PERSONAL DETAILS OF PLAYER – All details <u>must</u> be completed.			
Surname		Given Names	
Address			
Suburb		Post Code	
Phone		Team:	
Date Request Submitted:			
FFA Number			
REASON FOR REFUND?:			
OFFICE USE ONLY:			
Original Receipt No.			
Amount Paid in Full:	\$		
Less Deductions:	Team Nomination Fee:		
	Player Nomination Fee:		
	Item Supplied:		
	Administration Fee:		
REFUND APPROVED?			
Has the refund been approved by the Committee?: (please circle):	YES / NO		
Signed by Registrar:			
Signed by Treasurer:			
Signed by Chairman:			
Refund Receipt:		Amount:	\$