

CHINGUACOUSY CURLING CLUB
◆ REQUEST FOR REFUND ◆

PART 1: Completed by Curler

Completed by curler and delivered to Board by League Rep.

Name:			
Address:		Phone #:	
Reason:			
Curler Signature:		Date:	

PART 2: Completed by Registrar & Board

Fees Paid to Date:			
Amount Eligible for Refund:			
Action Approved by Board:			
Board Chair Signature:		Date:	

PART 3: Completed by Treasurer

Date of Refund:		Refund Amount:	\$	
Method of Refund:				
Treasurer Signature:		Date:		