



Refund Request

This form may be photocopied

SEND TO: A Watts, 66 Biddick Rd, RD1 PAPAKURA

No refunds will be given without receipt of this form within 7 days of the competition

Today's date Date of competition.....

Name of rider Contact phone number

Address of rider

Name of horse(s).....

Classes entered.....

Amount paid \$..... Signed

Please enclose your explanation AND doctor, vet or farrier certificate AND stamped addressed envelope for your refund

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Do not fill in this section: For office use only

Amount refunded \$

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This section will be returned to you with your refund

Name of rider Date of competition.....

Amount paid \$.....

Less 20% Administration \$

Amount refunded \$ Signed