



# WAITEMATA RIDING CLUB INC

## REFUND REQUEST FORM

Return to : **WRC**  
 PO Box 156, Kumeu  
 Email: Info@wrc.org.nz

Date:  
 Refund Request #-

Name of Competition: \_\_\_\_\_ Date of Competition: \_\_\_\_\_

Rider Name:	Class	Horse	Entry Fees	Less 25%	Sub Total
Postal Address:			\$	- \$	\$
			\$	- \$	\$
			\$	- \$	\$
			\$	- \$	\$
Email :			\$	- \$	\$
A/C Number :					
Preferred Method of Refund <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Credit					Total \$ _____

**IMPORTANT INFORMATION:** Unless stated otherwise in programme all refunds must be accompanied by a Doctor, Farrier, Vet, Horse Dentist or Physiotherapist Certificate for the relevant horse or rider. Refunds are for 75% of Entry fees only. Please let us know your preferred method of payment, i.e. refund by Cheque, or Direct Credit. Refund Requests must be received within 7 days of show to be considered

**Office use only:**

Entry Fees	\$
Less 25 %	\$
(Other Fees)	(\$ )
<b>Total Refunded</b>	<b>\$</b>

Date Sent: \_\_\_\_\_  
 Riders Name: \_\_\_\_\_  
 Competition: \_\_\_\_\_  
 Method of Refund  Cheque  Direct Credit

Cheque # \_\_\_\_\_

## REFUND:



# WAITEMATA RIDING CLUB INC

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For the Amount of : \$  
 Refund Number :   
  
 Cheque  
 Direct Credit  
 Paid