



Zone 9 Pony Club Association Refund Request Form

Name of Club _____

DATE	RIDERS NAME	REASON FOR REFUND	AMOUNT	CHEQUE OR BANK ACCOUNT DETAILS
				A/C NAME: BSB: A/C NO:
				A/C NAME: BSB: A/C NO:
				A/C NAME: BSB: A/C NO:
Total refund required				

Please note: refunds for non attendance of a Zone or State Event **PAST** the closing date will only be recognised if a medical or veterinary certificate is supplied.



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