



RBRA REFUND FORM

Applicants Details:

Participants First Name: _____ Surname: _____

Parents First Name: _____ Surname: _____

Email: _____ Phone #: _____

Club: _____ Team: _____ Grade/ Division: _____

OR

Program/ Item (please be specific): _____

Refund amount being requested (\$): _____ Date Purchased: _____

Kidsport Voucher Code # (If applicable): _____ Kidsport Amount \$: _____

Reason for refund: _____

Bank Account Details:

Account Holders Name: _____

BSB: _____ Accounts #: _____

Date: _____ Signature: _____

Note: Refunds may incur an administration fee. Please allow up to 14 business days for approved refunds to be processed.

Email completed form to: bookkeeper@rockinghamflames.com.au

Office Use Only:

Approved By: _____ Position: _____

Signed: _____

Date: _____ Date Paid: _____