



GIRLS – BRING A FRIEND OFFER

2016 Refund Request Form

Club: _____

Name and FFA Number of existing player

Name: _____

FFA Number: _____

Bank Details for refund:

Account Name / Bank: _____

BSB: _____ Account Number: _____

Name and FFA Number of New player

Name: _____

FFA Number: _____

Bank Details for refund:

Account Name / Bank: _____

BSB: _____ Account Number: _____

Confirmation of introduction of new player (friend or sibling) as per above details:

Committee Member Name: _____

Committee Member Signature: _____

Position: _____

Date: ____ / ____ / ____

Form to be signed by President / Secretary or Club Registrar and forwarded by President or Secretary to SCF Office by 30th August 2016

Office Use Only

Players current registration checked: Refund authorised:

Refund completed: ____ / ____ / ____