

SBA Refund Request



**Southern Basketball
Association Inc.**
ABN 78 936 718 412
P.O. Box 122
Sandringham VIC 3191
Ph: 03 9583 4481
Fx: 03 9583 4813

Date of Request: _____

Name: _____

Date payment made: _____ Amount paid: \$ _____

Reason for refund: _____

Bank Account Details for refund

BSB ____ - ____ Account Number _____

Name on the Account: _____

REFUND CONDITIONS:

I understand that any cancellation 7 or more days prior to the date of the event/program will incur a cancellation fee of 20% of the cost of the event/program. Any cancellation between 6 and 2 days prior to the date of the event/program will incur a cancellation fee of 50% of the cost of the event/program. There will be no refund of event/program fees for any person who cancels the day before, or the day of, the event/program or who does not attend the event/program without notification."

Office Use

Approved by: _____ Date approved: _____

Amount to Refund: \$ _____ Date Refunded: _____

Refund Details: _____

Account code: _____