



INCIDENT REPORT POLICY

Refund Request Form

Date: _____

Studio: _____

Members Name:

Members Number: _____

Reason for Refund : _____

Refund Amount: _____

Calculations: _____

Refunds are to a bank account only

BSB _____ Account Number _____

Account Holder Name _____

Authorisation by Club Manager: _____ Date: _____

Supporting Evidence - Please circle and attach if applicable

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Copy of Payment Details

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Copy of Direct Debit form

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Copy of Contract

Other Support Documents - Specify:

To ensure refund is processed on time - please complete form correctly

