

APIRA - **REFUND** APPLICATION FORM 2011

Name: _____
 Membership No: _____ (See Club Address List)
 Address: _____

 _____ P/Code _____
 Telephone (AH) _____ (BH) _____

LEVY REFUND

Please tick type of levy if a refund is applicable.

DOUBLE \$45
 FAMILY \$90

Bookings NB: YOU MUST INDICATE PERIOD NUMBERS APPLICABLE TO ODD NIGHTS

Whole Period(s)

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and/or

Part Period(s) NB: If odd nights are in two periods include **both** period numbers

Period No#	<input type="checkbox"/>	Night(s) -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1. Sun	2. Mon	3. Tues	4. Weds	5. Thurs	6. Fri	7. Sat
Period No#	<input type="checkbox"/>	Night(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1. Sun	2. Mon	3. Tues	4. Weds	5. Thurs	6. Fri	7. Sat

Please tick applicable boxes.

If a refund is required for party members that differ from the above, please include separate refund forms.

Booking Details

NAME	Member (M) Associate (A) Family (F) Double (D) Guest (G) Indep Child (I) Applicant (AP)	SEX M or F	Nightly Fee	Number of Nights	Total Fee per Person	High (H) or Low (L) Season	Comments eg. age of children.

Total Nights \$ Refund Fees
 \$ Levy (if claimed)
\$ TOTAL REFUND

PLEASE SUPPLY A FULL EXPLANATION OF YOUR REASON FOR THIS REFUND CLAIM ON THE BACK OF THIS FORM.
 * If approved your refund will be paid at the **END** of the season.
 * Extenuating circumstances for early refunds **MUST** be approved by the APIRA committee.

Signed: _____ Date: _____