APIRA - **REFUND** APPLICATION FORM 2009

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 APP… …ODD NIGHTS

Whole Period(s) and/or **Part Period(s)** NB: If odd nights are in two periods include **both** period nu…

Period No# ☐ Night(s) - 1. Sun | 2. Mon | 3. Tue… | 4. …s | 5. Thurs | 6. … | 7. Sat

Period No# ☐ Night(s) 1. Su… | 2. M… | 3. Tues | 4. …eds | Thurs | 6. Fri | Sat

Please t… applicable …es.

If a refund is required for pa… membe… that differ fro… he ab…e, please inclu… sepa…te refund fo…

B…oking Det…ils

NA…E	Membe…(M) A…ociat…(A) Fa…ily (F Dou…e (D) Gue…(G) Indep…ild (I) Appli… (AP)	SR…	Nig…ly Fee	Nu…ber of Nights	Tota… per Per…	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: _____

REFUND