



Refund request No:

REFUND REQUEST - NOMINATION FEE

Please post or email completed form to the AOCRA Registrar at PO Box 100, Moffat Beach Qld 4551 or support@aocra.com.au

REQUESTED BY: ZONE LUB INDIVIDUAL (PLEASE PRINT NAME):		REQU	EST DETAILS:	
CONTACT EMAIL: PHONE:	REQUESTED BY: ☐ ZONE ☐ CLUI	B INDIVIDUAL (PLEASE PRINT NAN	ие):	
EVENT: AMOUNT PAID: \$	REQUESTORS NAME:		_ REQUESTORS SIGNATUR	RE:
INVOICE/RECEIPT # (LOCATED TOP RIGHT CORNER OF AOCRA INVOICE RECEIPT ISSUED AT TIME OF PAYMENT): REASON FOR REFUND: REFUND TYPE / BANK DETAILS: PLEASE CHOOSE ONE REFUND PAYMENT OPTION BELOW: 1) CREDIT CARD NOTE: ALL PAYMENTS MADE BY CREDIT CARD WILL BE CREDITED BACK TO CREDIT CARD — PLEASE DO NOT SUPPLY FULL CREDIT CARD DETAILS, ONLE FOLLOWING DETAILS ARE REQUIRED CARD TYPE:	CONTACT EMAIL:		PHONE:	
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AOCRA OFFICE USE:	ACCOUNT #:			
	ACCOUNT NAME:			
T CLUB HAS BEEN CONTACTED AND REFUND IS: $\ \square$ Approved $\ \square$ declined		AOCR/	A OFFICE USE:	
	CLUB HAS BEEN CONTACTED AND I	REFUND IS: ☐ APPROVED ☐	DECLINED	
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DUNT REFUNDED: \$ DATE PAID:	UNT REFUNDED: \$	DATE PAID:		
ATURE (AOCRA REPRESENTATIVE):	ATURE (AOCRA REPRESENTATIVE): _			_