

# COOGEE MINNOWS JUNIOR SURF LIFE SAVING CLUB

## REFUND REQUEST FORM



### **Coogee Minnows Refund Policy Season 2023/24**

1. No Refund will be issued without proof of payment and a completed refund request form.
2. Active Kids Vouchers (AKV) are not refundable by Coogee Minnows.
3. Parent's / caregiver's should use their discretion to use / not use an AKV.
4. U7 - U14 (SRC) Should your child not enjoy Minnows and not wish to participate, you will be entitled to a full refund, minus any AKV used, up until the 05.11.2023 (no refunds will be issued after this time)
5. U7 - U14 (SRC) Should your child not pass their swim proficiency and cannot participate in Minnows, you will be entitled to a full refund, minus any AKV used, up until the 10.12.2023 (no refunds will be issued after this time)
6. U6 Should your child not pass their swim proficiency and cannot participate in Minnows, you will be entitled to a full refund, minus any AKV used, up until the 10.03.2024 (no refunds will be issued after this time)
7. U6 Should your child not enjoy Minnows and not wish to participate, you will be entitled to a full refund, minus any AKV used, up until the 25.02.2024 (no refunds will be issued after this time)
8. All other refunds will be considered on a case by case basis and at the discretion of the Coogee Minnows Executive Committee.
9. Please email all enquiries to [secretary@coogeeminnows.com.au](mailto:secretary@coogeeminnows.com.au)

Executive Committee  
Coogee Minnows  
Junior Division  
Coogee SLSC

# COOGEE MINNOWS JUNIOR SURF LIFE SAVING CLUB

## REFUND REQUEST FORM

Please complete this form and submit via email to [secretary@coogeeminnows.com.au](mailto:secretary@coogeeminnows.com.au)

**Please note: We do not refund Active Kids Vouchers.**

PLEASE PRINT CLEARLY.

### PERSONAL DETAILS

MEMBERS NAME:

PARENTS NAME :

CONTACT NUMBER:

EMAIL ADDRESS:

### REASON FOR REFUND

### PAYMENT DETAILS

Refunds will be processed in Australian Dollars through Direct Deposit into your bank account.

BSB:

ACCOUNT NUMBER:

ACCOUNT NAME:

AMOUNT:

### DECLARATION/CONSENT

I declare that the information declared on this form is complete and correct and I am the person to whom this refund is to be paid.

Signature:

Date:

### OFFICE USE ONLY

Claim permitted?

Yes  No

If no, state reason:

Treasurer Signature:

Date:

Completed:

Date: