Record of Refund Requests

Zone : ____

To be received by at the BCSGS Office - 203-2453 Beacon Avenue, Sidney, BC, V8L 1X7
Fax Number: 778.426.2941 E-Mail: treasurer.bcsgs@shaw.ca
no later than - September 25, 2017

Name of Withdrawal	P (mark with X)	NP (mark with X)	Sport	Reason for Withdrawal	Amount of Sports Fee Paid

Fee Summary:

Type of fee:	**Number**	**Amount**
Participants		$
Non-Participants		$
Sports Fees		$
Total Refund to Zone		$

Please mail refund cheque to:

_____

_____

_____

Submitted By: _____

Phone #: _____ Date: _____