



REGISTRATION FEE REFUND REQUEST FORM

Players Name:

Team: Age Group:

Reason for refund request:

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**Please note: SSFA Player Registration ('ID') Card and
GUFC registration receipt must accompany this Refund Request Form
in order for a refund to be considered**

ANY and ALL refunds will only be given via Direct Deposit into the following
nominated bank account:

Account Name:

BSB Number:

Account Number:

Signed: Signed:
Player Registrar

**Once your Refund Request Form is completed, please email
registrar@gufc.com.au to arrange collection of this form & your ID Card**

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GUFC USE ONLY - Refund Request

Date SSFA ID Card and Refund Request received by Registrar: ____ / ____ / ____