



**REQUEST FOR REFUND**

**2010 Canadian Linen & Uniform Service BC Gymnastics Championships  
April 9-11, 2010**

Refunds will only be issued, provided that a medical certificate and this request for refund form is submitted to Gymnastics BC by 4:30 p.m., Thursday, April 8, 2010 (Fax: 604.333.3499).

**A \$10 administration fee will be withheld for those withdrawing from the competition after March 23, 2010.**

Club: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Participant Name	Competition Level	Medical Note
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Office Use Only**

Date Received: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Medical Note(s) Received: \_\_\_\_\_  
 Registration Paid: \_\_\_\_\_  
 Administration Fee: \_\_\_\_\_  
 Total Refund: \_\_\_\_\_