

EAST RINGWOOD JUNIOR FOOTBALL CLUB

PLAYER REGISTRATION FEE REFUND REQUEST 2020

**TERMS & CONDITIONS**

1. Registration fees paid for the 2020 Season **CANNOT** be rolled over or used towards registration fees for the 2021 Season.
2. All refund request forms must be submitted via return email to **erjfc.refunds@gmail.com** no later than the close of business 31st August 2020. All refunds will be processed after this date by electronic transfer from Bendigo Bank. You will be notified prior to the date refunds are processed.
3. One (1) refund is available per player per Refund Request Form, with each player registration entitled to a refund amount of $140.00.
4. If you do not submit a request by the due date, ERJFC will gratefully acknowledge it as a donation to the club.
5. The refund figure has been determined after much consideration by the Executive Committee, with costs including but not limited to the following being taken into consideration:
   1. SportTG Administration Fees
   2. Season club costs that are unable to be rolled over into the 2021 season. Details are available upon request
6. The EFNL $18.00 Player Insurance Fee that was paid directly to the EFNL at the time of registration is non-refundable as advised by the EFNL.



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**REFUND REQUEST FORM**

**Please submit this form to** [**erjfc.refunds@gmail.com**](mailto:erjfc.refunds@gmail.com) **by 31st August 2020**

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| --- | --- | --- |
| **I have read and understand the Terms & Conditions relating to this Refund Request** | |  |
| **I understand that I am entitled to a refund of $140.00 for the following player.** | |  |
| **PLAYER DETAILS** | | |
| **Date:** | Click here to enter a date. | |
| **Age Group:** | Choose an item. | |
| **Player First Name:** | Click here to enter text. | |
| **Player Surname:** | Click here to enter text. | |
|  | | |
| **PARENT/GUARDIAN DETAILS** | | |
| **First Name:** | Click here to enter text. | |
| **Surname:** | Click here to enter text. | |
| **Mobile Number:** | Click here to enter text. | |
| **Email:** | Click here to enter text. | |
|  | | |
| **DONATE REGISTRATION FEES TO ERJFC** | | |
| **I would like to donate my son/daughters 2020 Registration Fees to ERJFC** | | Please Select |
| **REGISTRATION FEES REFUND REQUEST – BANK DETAILS** | | |
| **Refund Amount** | $140.00 | |
| **Account Name:** | Click here to enter text. | |
| **BSB:** | Click here to enter text. | |
| **Account Number:** | Click here to enter text. | |
|  | | |
| **COMMENTS/FEEDBACK** | | |
| Click here to enter text. | | |