

SCNA Refund Request Form					
Full Name of player					
Full name of parent (if under 18)					
Primary email address					
Primary phone number					
Competition/ program involved in					
• Winter Comp	• Summer Comp	• NSG NET program	• Junior Rep	• Senior Rep	• Other, please specify
School/ club/ team name, division etc.					
Date of withdrawal					
Reason for withdrawal					
Total SCNA fee paid			\$90.37		
Bank account details for re-payment:	Account Name:	BSB:	Account Number:		
<ul style="list-style-type: none"> By submitting this document, I agree that I have read and agree to SCNA's refund policy. Yes Acknowledged 					
Signature		Date		17/10/2022	

Please fill out this form and email it to the following:
scna.operations@gmail.com scna.compeitions@gmail.com

Competition Coordinator to fill out			
Refund Status	<ul style="list-style-type: none"> Approved (forwarded to treasurers) NOT Approved 	Amount to be Refunded	
Competitions Coordinator Signature		Date	