



Refund/Credit Request Form

Instructions: Complete and return this form to **Refunds, AHRMA National Office**, 309 Buffalo Run, Goodlettsville, TN 37072; fax 615.420.6438 or email to dlamberth@ahrma.org. The refund policy is found in Section 4.7a.

Name _____ Date _____

Membership number _____ Competition number _____ Email _____

Telephone: daytime _____ evening _____ mobile _____

Event _____

Class(es) _____

I would like a _____ Credit _____ Refund* for the above event/class due to the following:

I understand that full consideration will be given to my request, and it will be handled in accordance with the current rules. I will be notified of this decision, with any denied requests in writing.

Signature of Entrant

*Some events may be identified by the National Office as "No Refund, No Credit Events" and therefore no refund or credit will be given.

This section for AHRMA office use only

_____ Request Granted Check # _____ attached

_____ Request Denied Reason for denial _____ :

AHRMA Official

Date _____