



REFUND REQUEST FORM

*Refund requests will not be considered unless Refund Policy and Guidelines are followed.

Payee (Name/Club): _____ USAG# _____

Event: _____ Event Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

	Amount	Form of Payment (please include CC # and Expiration Date)	Date of Payment
Total Amount Paid			
Processing Fee	\$25.00		
TOTAL REFUND	_____		

Reason for Refund: _____

*Refund Policy and Guidelines:

- Only fees received on or before deadline will be considered for refunds.
- Requests must be on the official Refund Request Form, with documentation attached and returned, via U.S. Mail or Fax, to the National Office by June 27, 2008.
- Family emergencies, illness, or injury are the only acceptable circumstances under which a refund will be given.
- Athletes who attend the Acrobatic Gymnastics National Championships, but are injured before competing in any discipline, may request a refund, with appropriate documentation from physician. An athlete who has competed in at least one discipline is not eligible for a refund in the other disciplines.
- Documents supporting any of the reasons list above must give a detailed account of the circumstances and must be signed by the attending physician in the case of illness or injury, or, in the case of family emergency, a responsible adult.
- A \$25.00 processing fee will be deducted for each refund granted.
- Refunds are subject to the approval of the Program Director.
- All documents and proof of payment should be attached to this form.

Mail or fax Form and Fee to

**USA Gymnastics - Acrobatic Gymnastics
201 S. Capitol Ave., Ste. 300
Indianapolis, IN 46225
Fax: (317) 237-5069**