

2010 ILLINIOS JUNIOR GOLF ASSOCIATION EVENT REFUND REQUEST FORM

(FULL REFUNDS are given on a case-by-case basis and are determined by the IJGA Tournament Committee at the end of the season)

NAME

EVENT REQUESTING REFUND

DATE REQUESTED



FAX: 630-257-9830

REASON FOR WITHDRAWAL: (please circle one)

Medical / Illness
(LETTER FROM DOCTOR)

Family Emergency

Scheduling Conflict
(OTHER EVENT NAME & ASSOCIATION)

Other

Please provide a full explanation and attach any supporting documents: _____

OFFICE USE ONLY

Date event entered: _____

Payment method: _____

Entry Fee: _____ Refund Amount: _____

Refund request granted: YES NO

Refund processed: YES NO

Staff Member / Date: _____