

# SHOW OF CHAMPIONS REFUND REQUEST

Name \_\_\_\_\_ Program \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

**Reason For Refund**

- \_\_\_\_\_ 1. Did Not Place In Top 10 ; Withdrew From Competition
- \_\_\_\_\_ 2. Did Not Place In Top 10 ; Changed To "Open" Division (Gymkhana Only)
- \_\_\_\_\_ 3. Horse Injured / Unable To Compete (vet certificate required)
- \_\_\_\_\_ 4. Rider Injured / Unable To Compete (doctor certificate required)
- \_\_\_\_\_ 5. Miscalculation error on entry
- \_\_\_\_\_ 6. Unable to attend show – notice given prior to show start date
- \_\_\_\_\_ 7. Other \_\_\_\_\_

**Calculation Of Refund**

E/W Class	# Of Classes _____	X \$ _____	Per Class	= \$ _____
E/W Warmup	# Of Classes _____	X \$ _____	Per Class	= \$ _____
E/W Jackpot	# Of Classes _____	X \$ _____	Per Class	= \$ _____
Gymkhana	# Of Events _____	X \$ _____	Per Event	= \$ _____
Gymkhana Jackpot				= \$ _____
Drug Fee (\$5)				= \$ _____
Stabling Fee	:# Of Stalls/Pens _____	X \$ _____	Fee	= \$ _____
Horse at Trailer	: #horses _____	X # of nights _____	X \$10	= \$ _____
Camping Fee	:# Spaces _____	X \$20.00	X _____ # of nights	= \$ _____
Other :	_____			= \$ _____
<b>Total Refund</b>				<b>= \$ _____</b>

**Explanation** \_\_\_\_\_

**Check will not be issued until chairman has signed and submitted this form to SOC chairman**

Refund Approved By \_\_\_\_\_  
Program Chairman

**Office Use Only**

Date Check Issued \_\_\_\_/\_\_\_\_/\_\_\_\_      Amount Refunded      \$ \_\_\_\_\_

Check # \_\_\_\_\_      Program : E/W \_\_\_\_      Gymkhana \_\_\_\_      HMS \_\_\_\_      Royalty \_\_\_\_

Charged Against Program \$ \_\_\_\_\_      Amount Charged Against SOC \$ \_\_\_\_\_