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| **ACT OZTAG SPORTS****ABN: 314 74 079 081** Unit 80/54 Bowman StreetMACQUARIE, ACT 2614(02) 6251 9650admin@actoztag.com.au |

**REFUND REQUEST FORM**

**REQUEST AND REFUND PROCESSING**

Any requests for refunds the participant is required to complete the refund form and send to the ACT Oztag Sports Office, clearly outlining the reason for the refund request. Requests for refunds will be considered on their merit

ACT Oztag Sports Office will consider all applications for refunds of registration fees, once the participant has paid the relevant fees, your membership with us is valid for the duration of the participating season. ACT Oztag consider providing a refund in such circumstances, on a case-by-case basis.

**Participant membership fee refunds**:

1. Player registration is non-transferable.
2. Once players partake in any Oztag activity (playing or training) no matter how long the duration, nor the number of times, the opportunity to request a refund has passed (except where a member has a right to a refund under the consumer law).
3. Refunds are subject to an administrative charge if proof and validation can be substantiated.
4. Insurance – if a player makes an insurance claim through AIG Insurance, they are not eligible for a refund.
5. Voluntary withdrawal –Should the member have a change of mind or for changes in personal circumstances that prevent a person from enjoying the full benefits of membership a refund is not guaranteed.
6. Suspension -absence due to suspension as a disciplinary measure will not entitle the member to any refund.
7. Cancellation of a membership fee before commencement of competition ACT Oztag is required to cancel a players membership because we cannot accommodate a position in a team, the members will be offered a refund.
8. Clothing and merchandise –no refunds or credit will be given for merchandise or clothing purchase through ACT Oztag, unless the goods are faulty.

The Refund Request Form must be emailed to admin@actoztag.com.au accompanied with a medical certificate.

**REFUND REQUEST FORM**

The Refund Request Form must be accompanied with a medical certificate.

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| **Full Name** | **DOB** |
| **Email** | **Mobile** |
| **Team Name** |
| **Venue**  | **Division** |
| **Reason for Refund** |
| **Financial Institution** | **Account Name** |
| **BSB**  | **Account Number** |
| **Please Note:** Once a request has been made it will be reviewed to determine if the fees will be refunded. You may be contacted if further information is required. Refunds will take 1-2 weeks to be processed. All refunds are subject to an administrative processing fee. |