



ATHLETE INJURY REFUND REQUEST FORM

Date: _____

Gymnast Name: _____

Level: _____

Club: _____

Refund Amount Requested: _____

Reason For Refund: _____

Person Completing Form: _____

Contact Number: _____

Email: _____

Refund Check Payable To: _____

Mailing Address For Refund: _____

- REFUND POLICY - No refunds will be issued once the schedule has been posted, unless there is an illness or injury with a doctor's note. Substitutions will be accepted on a space-available basis.
- Completion of this form is required in order to be eligible for a refund.
- Refunds will be mailed within 2 weeks **AFTER** the event.

**A DOCTOR'S NOTE MUST ACCOMPANY THIS FORM.
THERE ARE NO REFUNDS FOR INCLEMENT WEATHER.**

Send this form to: info@thegala.net