

Franklin Central Show Choirs

Refund Request Form

Date: _____ Choir name: _____

Student name: _____

Please note that fundraised money is not refundable. Only money paid out of pocket can be refunded.

Method of refund: Donate to FC Choirs, Inc. Financial Aid Fund
 Please issue a refund check

Name check should be issued to: _____

Address check should be mailed:

Street: _____

City: _____ State: _____ ZIP: _____

Contact phone number: _____

Board Use Only

Director

Director approval: _____ Date: _____

Incurred expenses to date: _____

Accounts

Refund eligible: Yes No Amount paid by student: _____
Less incurred expenses: _____
Amount to be refunded: _____

Approval: _____ Date: _____

Check issuance date: _____ Check number: _____ Amount: _____

Completed by: _____ Date: _____