

Franklin Central Show Choirs
Refund Request Form

Please allow up to 2 weeks for refund processing.

Date: _____ Choir Name: _____

Name of student: _____

Please note that fundraising funds are not eligible for a refund check, but may be donated within the organization.

Method of Refund: Donate to FC Singers Inc. general fund.
 Donate to another students account. _____
(Student Receiving Credit)
 Please issue me 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 Approval

Director Approval: _____ Date: _____

Costume or other fees that have been incurred to date not eligible: _____

Accounts

Refund Eligible: Yes No Amount paid by student: _____
Less all fees incurred : < _____ >
Amount to be refunded : _____

Approval: _____ Date: _____

Accounts Payable

Date Check Issued: _____ Check # _____ Amount: _____

Completed by: _____ Date: _____