



Refund Request Application Form

1. Applicant Details

Payee Name	
Player Name (if different)	
Date of Request	
Contact Number	
Email Address	

1.1 Requesting Refund of the following Details

Membership Fee			
Registration Fee			
Event/Programme Fee			
Uniform/Apparel			
Other			
Amount Paid	\$		
Date Paid			
How did you pay	☐ Online	☐ Cash	☐ Bank Transfer
Name of Person who paid Note: This must match our bank records			

1.2 Reason for Refund Request

Injury		Affordability	
Not Selected		Complaint	
Other			



1.3 Supporting Documents

Medical Certificate	
Receipt of Payment	
Other	

1.4 Applicant Declaration

I confirm that the information provided is true and correct. I understand that this request will be assessed in accordance with the MSCA Refund Policy and that approval is **not guaranteed**.

Name	
Signature	
Date	

Important: Applications to refund any fees paid to governing bodies (e.g., Pasifika Youth Rugby Cup) **are not managed by MSCA**. Only fees paid to MSCA can be reviewed for refund.

1.5 Payee Details

Please complete the below information for your refund to be processed. Incorrect information will delay the processing of approved refunds.

Bank Transfer Information:

Name on Bank Account	
Branch	
BSB	
Account Number	

PAYID Information:

Mobile Number	
---------------	--