

DOGS NSW - DRAFT SCHEDULE & ADVERTISEMENT REFUND FORM

AFFILIATE DETAILS:											
Affiliate Name:											
Secretary Name:											
Email:				Contact Nun	Contact Number:						
CHOWETHAN CAVENT DETAILS											
SHOW/TRIAL/EVENT DETAILS:											
Show/Trial/Event Type:											
Show/Trial/Event Name (If applicable):											
Day/s:				Date/s:							
Venue:											
Venue Address:											
Suburb:			State:				Postcode:				
ENTRY DETAILS:											
What date did the entries close?											
Did you refund the entries to Exhibitors? Yes No											
ADVERTISEMENT:											
Advertisement Month:				Size:	Size: 4 Page 1/2 F			ge	☐ Full Page	!	
TEMS TO BE REFUNDED											
ITEMS TO BE REFUNDED											
DOGS NSW Original Invoice Number				nvoice Date							
Payment Amount		\$ Payment date									
Refund Draft Schedule? Yes No Amount of refund requested											
Refund Advertisement? Yes No Amount of refund requested for Advertisement? Yes Amount of refund requested for Other					nent?	\$					
Refund Other?	1	d requested for Other?			\$						
Have you previously received a partial refund for this Show? Yes No If YES, amount? \$											
BANK ACCOUNT DETAILS											
Account Name											
Bank i.e. Westpac, Con											
Account BSB	Account Number										
Special Requests / Other Comments											
SECRETARY DECLARATION											
I declare that the information on this form is true and correct.											
Secretary Name:											
Signature:	+						Date				
3.3							Date				
OFFICE USE ONLY											
Date of Refund:	Amount of Refund:										
Approved by:		I									

This completed application must be lodged with DOGS NSW prior to June 1st 2021. Applications received after this date will not be approved. This completed application should be forwarded to: The Accounts Department, DOGS NSW, P.O. Box 632, St Marys NSW 1790. Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW. Phone 02 9834 3022 or email info@dogsnsw.org.au