



2010 REFUND REQUEST FORM

USE ONE FORM PER RIDER

PLEASE CHECK ONE: This refund request is for the:

- REGIONAL NATIONAL CHAMPIONSHIP

RIDER INFORMATION: Please fill out all information required. Use one form per rider.

AMA Membership # _____ Exp.Date _____ Rider Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone (preferred) _____
 Date of Birth _____ Email _____

REFUND OR TRANSFER OF REGISTRATION REQUESTS

Please indicate the region, class number and name and be sure it matches the classes you actually qualified (or alternate) for. Use the Additional notes section for transferring registration or misc. requests as needed.

- Region _____ Class# _____ Class Name _____ Amount _____
- Region _____ Class# _____ Class Name _____ Amount _____
- Region _____ Class# _____ Class Name _____ Amount _____
- Region _____ Class# _____ Class Name _____ Amount _____
- Miscellaneous refund (Car Passes and Facility Permits) _____ Amount _____
- Reason for withdraw _____
- Additional / Transfer of Registration Fee Notes _____

CONFIRMATION

By submitting this form, you are confirming withdrawal or transfer from the Regional or National Championship and that you are either the rider or a legal parent/guardian of the rider. You also confirm that you have read and understand the refund policy as well as the deadlines for requests as listed on our website www.mxsports.com.

Print Name _____ Relationship to Rider _____
 Signature _____ Date _____

SEND FORM TO

- **FAX:** (877) 691-3923
- **EMAIL:** dan@mxsports.com
- **MAIL:** P.O. Box 797, Morgantown, WV 26507

***** MX SPORTS OFFICE USE ONLY *****

Date Received _____ Circle One: (REGIONAL / NATIONAL)
 Approved Yes No: Reason _____ Approved by _____
 Total Refund _____ Processed _____ Check # Sent _____ Bib Request # _____