



2011 REFUND REQUEST FORM

USE ONE FORM PER RIDER

Please read and understand the MX Sports Refund Policy, as well as the deadlines for requests, listed on our website www.mxsports.com.

PLEASE CHECK ONE: This refund request is for the:

- REGIONAL NATIONAL CHAMPIONSHIP

RIDER INFORMATION: Please complete all information. 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 REGISTRATION TRANSFER 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 above Regional/National Championship event, and that you are either the rider or a legal parent/guardian of the rider. **You also confirm that you have read, understand, and are in compliance with the MX Sports Refund Policy.**

Print Name _____ Relationship to Rider _____
 Signature _____ Date _____

Those who have a PayPal account and wish to receive a refund issued through PayPal, please provide your PayPal email address: _____

SEND FORM TO:

FAX: (877) 691-3923

EMAIL: info@mxsports.com

*** MX SPORTS OFFICE USE ONLY ***

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