



REFUND REQUEST FORM

Please return form via email together with your payment receipt

info@dancekar.com.au

Phone: (02) 8091 6791

PARENT NAME: _____

DANCER NAME: _____

ADDRESS: _____

EMAIL: _____

CONTACT NO.: _____

KAR CONVENTION REGISTERED: _____

PLEASE PROVIDE A DETAILED EXPLANATION WHY YOU ARE REQUESTING A REFUND:

REFUND TO:

Name on Card: _____

Card Number: _____

EXP: _____ **CVC:** _____

KAR will only refund to the card that was used to process your original convention registration.

KAR OFFICE USE ONLY:

Received: _____

Refund approved by: _____

Processed: _____