



P.O. BOX 87
DUNEDIN 9054
www.smmcotago.com

APPLICATION FOR REFUNDS

Refunds may be made up until the end of Term One. After Term One refunds will only be made in exceptional circumstances (e.g. significant illness or family shifting from Dunedin).

When deciding on a full or part refund SMMC will take into account the student’s attendance record from the class rolls.

Crediting a student’s account for the following year may be a preferred option in some cases.

Date:

Name of Student:

Class Enrolled:

Details of instrument hire: returned

Reason for Refund:
.....
.....

Parent / caregiver name:

Address:

Email Address:

Bank Account Name:

Bank account number: - - -

Please complete this form and return to office where it will be forwarded to Kit McCready and then to our Treasurer

FOR OFFICE USE:

Amount paid:

Original Receipt No.

Full or part refund (amount):

Date of bank transfer:

Refund Receipt Number: