

2021 Refund Request

Application Refund Request



APPLICANT'S DETAILS

FIRST NAME: LAST NAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

TELEPHONE: (MOBILE/ON MOUNTAIN)

EMAIL ADDRESS:

DETAILED EXPLANATION FOR REFUND REQUEST

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REFERENCE TO TRANSACTION

3. Reference number (if applicable) of previous transaction ie. double purchase of resort entry.

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ATTACHED INFORMATION *if applicable

Receipt

Season Permit

Day Permit

OFFICE USE ONLY

APPROVED BY:

APPROVED DATE:

ISSUED BY:

ISSUED DATE:

PLEASE COMPLETE THIS SECTION IF POSTING OR EMAILING APPLICATION (Cheques payable to Falls Creek Resort Management)

Please refund: \$ to my **VISA / MASTERCARD**

Name on card: Signature:

Card No: / / / Expiry (mm/yy): /

If you made a donation when purchasing your Permit, would you like this donation to be refunded as well?

Yes, please refund my donation.

No, please forward my donation to the registered charity I nominated.

APPLICANT'S SIGNATURE: DATE (DD/MM/YY):

Falls Creek Resort Management
PO Box 50, Falls Creek, VIC 3699

Tel: (03) 5758 1200 Email: fcrm@falls creek.com.au www.falls creek.com.au