



Race Fee Refund Request Form

Event Date _____

APPLICANT FOR RACE REFUNDABLE	
NAME _____	PLATE # _____ DB COM # _____
Address _____ Apt. _____	
City _____	Prov/St _____ Postal/Zip _____
Phone Home () -	Work () -

CLASSES WITHDRAWN FROM (please list all that apply):
1.
2.
3.
4.

Reason: _____ Mechanical _____ Injury _____ Other _____

Explanation (please use detail):

Rider's Signature: _____ Registrar's Initials: _____

PLEASE NOTE: ALL REFUND REQUESTS WILL BE EVALUATED BY THE CMRA EXECUTIVE, AND REFUND CHEQUES WILL BE ISSUED AT THEIR DISCRETION.