



2008 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CLASSES WITHDRAWN FROM (please list all that apply):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.