



# APPLICATION FOR ACTIVE KIDS REFUND

Winston Hills Football Club

PO Box 15 WINSTON HILLS 2153

Phone: 0418 634 287

Email: [secretary@whsc.com.au](mailto:secretary@whsc.com.au)

APPLICANT (Over 18)

NAME
PHONE
EMAIL

REGISTERED PLAYER

NAME	DATE OF BIRTH
------	---------------

ACTIVE KIDS  
VOUCHER NUMBER

--

I, the Applicant, wish to apply for a refund of the above Active Kids Voucher from Winston Hills Football Club based on the above registered player.

I would like the refund paid to the following account:

BSB	ACC #
ACC NAME	

SIGNATURE OF APPLICANT

--

DATE

--

*CLUB USE ONLY:*

REFUND AMOUNT

--

APPROVED BY

--

PAYMENT DATE

--

PAYMENT DETAILS

--