



REFUND REQUEST FOR GREAT BARRIER REEF MASTERS GAMES, C/- CAIRNS REGIONAL COUNCIL

Name:	Eamil:
Address:	
Confirmation Code:	Phone:
Reason for refund:	
Payment ID Number:	Sport:
Date of payment made:	Amound \$:
Orignial method of payment: Visa Car	d Master Card Master Pass
Please note you must attache a copy of your Games Entry Confirmation as proof of payment	
ACCOUNT DETAILS FOR REFUND	
Account Name:	
Bank & Branch	
BSB:	Account Number:
provided. Cairns Regional Council will due to factors outside reasonable cor	oligation to verify the accuracy of the bank details take no responsibity for any delay in paymet or errors atrol of Cairns Regioanl Council, oncluding bu noting system or erros in the account details supplied.
Signature:	Date:

If you need any help in conpleting this form, please call the Games Team on (07) 40443090. Completed forms must be submitted to <a href="mailto:tracey.kingston-bull@qld.gov.au">tracey.kingston-bull@qld.gov.au</a>

## Cairns Regioanl Council – Information Privacy Statement

Your personal information has bee colleced for the purpost of refunding payment. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agnecy unless you have given us permission or the discloure is required by law.