REQUEST FOR REFUND FROM COFFEE COUNTY 4-H CLUB

4-H Member's Name: _____

Person Requesting Refund: _____

Make Check Payable To: _____

Address To Mail Refund To: _____

4-H Activity/Event: _____

Total Amount Paid: $_____

Reason For Refund: _____

_____

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For 4-H Office Use Only

Refund Approved: _____

Date Approved: _____

Check #: _____

Payment History

Date: ___/___/___ Receipt #: _____

Date: ___/___/___ Receipt #: _____

Date: ___/___/___ Receipt #: _____

Date: ___/___/___ Receipt #: _____

Date: ___/___/___ Receipt #: _____

Date: ___/___/___ Receipt #: _____

Coffee County 4-H Club
709 E. Ward Street
Douglas, GA 31533
Voice: (912) 384-1402
Fax: (912) 389-4007
Email: ktatum@uga.edu
or lbatten@uga.edu