



Exhibitor's Information:

Exhibitor's Name: _____

Horse's Name: _____ County: _____

Check Writer's Information:

Name on Check: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email Address: _____

*You will receive an email from **PaymentWorks** requesting financial information. Failure to register will result in forfeiture of refund.*

Breakdown of fees requested refunded:

Regular Class Entry fees	\$ _____
Dressage Entry Fees	\$ _____
Stall fees	\$ _____
Shavings fee:	\$ _____
Office fee	\$ _____
GRAND TOTAL	\$ _____

Please check the reason for your refund and attach proper documentation if submitted after 7/9/24:

- Rider/Family medical issue: *Provide a doctor's statement certifying that the illness/injury prevents the exhibitor from attending and riding if submitted after 7/9/24*
- Horse medical issue: *Provide a veterinarian's statement certifying the illness/injury prevents the horse from being shown if submitted after 7/9/24*
- Other: *Attach a letter describing the reason for request & include documentation to support reason if submitted after 7/9/24*

NC State 4-H Horse Show refund policy/deadline dates:

- If submitted prior to 7/9/24 and total more than \$25.00, State Show fees (including entries, stall, etc.) may be refunded.
- If request is submitted between July 10 - July 14, 2024 (received by the Show Manager), a veterinarian's or physician's certificate must accompany the request! Also be advised that the stall fee refunds will not be honored after the July 9, 2024 deadline date.
- No refunds received in the office after the July 14, 2024 deadline will be honored.

To be completed by office staff:

Check Amount: _____ Check Number: _____ Check Date: _____

Deposit Number: _____ Date Refund Request Submitted: _____