

# REGISTRATION REFUND REQUEST FORM

Refund requests must be made using this form with either the individual's social security number or the school's federal ID number listed where indicated below. Requests will not be accepted verbally.

*Refund amount reflects a processing fee of \$20.*

**NOTE: Registration changes, including removing participants from attending, may be made prior to February 15 at no cost. Those fees will be subtracted from the invoice amount owed.**

**This form is for registered names removed after February 15.**

**Email / FAX Deadline for registration fee refund: March 18**

**Email / FAX Deadline for banquet/gala refund: March 25**

<b>Adviser's Name:</b>	
<b>School:</b>	
<b>School Address:</b>	
<b>City, State, Zip:</b>	
<b>Adviser's Email:</b>	
<b>Adviser's Cell #:</b>	

**- Number of Registration "Package" Refunds Requested** (\$155 package registration minus \$20 processing fee)  
 Refunds requested must be for individuals registered for the discounted Registration Package to qualify for this \$135 refund.

**\$135 x** = Total Registration Refund of \$ \_\_\_\_\_

**- Number of Registration Refunds Requested** (\$112 non-package registration minus \$20 processing fee each)

**\$92 x** = Total Registration Refund of \$ \_\_\_\_\_

**- Number of Banquet/Gala Ticket Refunds Requested** (\$38 non-package ticket minus \$10 processing fee):

**\$28 x** = Total Banquet/Gala Ticket Refund of \$ \_\_\_\_\_

**TOTAL AMOUNT OF REFUND REQUESTED:**

\$

**List name/s of the participant/s to be removed from conference roster:**

**NOTE: If t-shirt was ordered as part of the "package" please indicated size of shirt to remove from your order.**

*Refund checks should be made to (indicate one):*

<b>School:</b>	<b>School Federal ID Number:</b>
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*or*

<b>Individual's Name:</b>	<b>Social Security Number:</b>
<b>Home Address:</b>	
<b>City, State, Zip:</b>	

\*Refunds cannot be made to a school without the school's federal ID.

\*\*Refunds cannot be mailed to individuals without the social security number and must be mailed to a home address instead of a school (this is a policy of the business office managing the FCCLA account).

Email, fax or mail Registration Refund Request by dates indicated above to:

Connie Rhoton, FCCLA State Adviser    **FAX: (276) 386-7454**    [crhoton@mecc.edu](mailto:crhoton@mecc.edu)

P.O. Box 1409 - Gate City, VA 24251

**Please note: STAR Events entry fees are not refundable.**