



Refund Request Form 2011 State Leadership Workshop

----->Make a copy for your files

School Name

Date of Request

Adviser Printed Name

Adviser E-mail Address

Check Should Be Made Payable to the Person/Organization Shown Above

Check Should Be Mailed to the Address Shown Above (include full mailing address)

\$ _____
Total Refund Requested

Adviser Signature

Name of Individual(s) for Whom the Refund is Requested, the Amount, and the Reason:

----->List everyone on this form if one refund is requested for all individuals
----->Submit a separate form for each person if individual refunds are requested

| First Name/Last Name | Amount Requested | Reason for Refund Request |
|----------------------|------------------|---------------------------|
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State Leadership Workshop registration/lodging refunds are made under the following conditions:

1. All refund requests must be made in writing using the form posted on the PA FBLA web site. The form, with the adviser's signature, may be faxed to 570.398.4652 or e-mailed as a PDF file to bboncal@pafblla.us.
2. **Full** registration/lodging refunds will be granted if postmarked **30** days before the opening date of the workshop, which is **September 22, 2011**. No refunds will be given for requests postmarked **September 23, 2011**, or later.
3. No refunds will be given for cancellations made while checking in to the hotel on October 22 (if applicable), or October 23.

All refund requests must be sent to:
 Mr. Bruce E. Boncal
 PA FBLA Executive Director
 P.O. Box 5085
 Jersey Shore, PA 17740
 570.398.1204 (fax)
 e-mail: bboncal@pafblla.us