



Leicestershire and Rutland  
Amateur Swimming Association

# GALA EVENT REFUND FORM

GALA .....

NAME OF ATHLETE ..... S.E. NUMBER .....

Event(s) refund requested for

Title	Number

Title	Number

This application for a refund must be supported by evidence that the galas withdrawal procedure was complied with and, in the case of a refund on medical grounds, supported by an independently doctors note, which ideally should explicitly identify that the athlete will not be able to participate in the above gala/events.

I, the above named athlete, have complied with all relevant requirements and am seeking a refund of my event entry fee for the above event(s).

For athletes under 16, this form must be signed by the athletes' parent or guardian.

SIGNED ..... Athlete/Guardian/Parent ..... DATE .....

Swimming club .....

LASA will consider refunding the cost of athlete's event entry fee(s) on medical or others reasons affecting the athlete's close family. LASA **will not** consider a request for a refund unless this form is complete in all respects, and submitted by email, with supporting documentation, to [refunds@leicestershireasa.org](mailto:refunds@leicestershireasa.org) by not more than three days after the staging of event the refund is being sort for, or three days after the day of the first event identified, if multiple.

This request will be treated with discretion, however LASA reserve the right, where necessary, to seek collaboration from the athletes swimming club.

All refunds are made by BACS to the swimming club the athlete is representing. Approved refunds may take up to fourteen days to process from the day of the identified event(s), or the last gala of a series of galas, as appropriate.

Decisions made by the Promotor, or their representative, are final, subject to the presentation of addition evidence.

LASA use

This withdrawal (was)/(was not) correctly submitted

The swimming club (will)/(will not) receive a refund