

**TEAM REFUNDS**

**STATE CHAMPIONSHIP LEVY**

|  |  |
| --- | --- |
| Manager’s Name: |  |
| Team: |  |
| Mobile: |  |
| Date: |  |
| Manager’s Signature |  |

**State Championship Levy Refund**

**Note: Parents will need to initiate the refund process by logging into the Online Shop.**

**Instructions for how parents process their refund claim are located on the Metropolitan East School Sport website.**

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|  | | **MESS Office**  **Use Only** | |
| **Student Name** | **Details of Refund – withdrawn, etc** | **Received at MESS Office** | **Refund Processed** |
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