Redlynch Equestrian Association

WORKING BEE LEVY REFUND FORM
REFUND YEAR 20____

Name……..…….

Phone: (H)……..…..…(W)……..……(Mobile)……..……

E-mail address:..……..

Please pay by : ? cheque ? direct debit

BSB: ……..

Account No: ……

Account/ Cheque Name: ……

To have your working bee levy refunded you must contribute a minimum of 6 hours at working bees, events, training days etc and have this signed off by a member of the committee.

DETAILS OF WORK DONE:

……

……

……

NUMBER OF HOURS OF WORK COMPLETED:

SIGNED_____ _____

(Member) ***(Date)***

I, …….. a representative of the REA Committee acknowledge that …….. (member) has completed their 6 hrs minimum work.

SIGNED _____ _____

(REA Committee Member) ***(Date)***

PLEASE SUBMIT COMPLETED FORM TO REA
EITHER POST OR MAINTENANCE OFFICER