

REFUND OR CREDIT FORM

| Please se | lect the Tournament Check | to be replaced: (ONE ONLY) if other checks a | – are needed, complete a for | m for each one |
|-------------|--|--|---------------------------------|----------------|
| | Michigan State USBC (| Open Championship | | |
| | Michigan State USBC \ | Womens Championship | | |
| | Michigan State USBC | Senior State Tournament | | |
| Name: | | Entry # | Check # | _ |
| Please li | st the correct mailing ad | dress for the replacemen | t check: | |
| Name | | | | |
| Address_ | | | | |
| City | | State | Zip | - |
| | | | | |
| All prize o | checks MUST be cashed by will be forfeited. | y July 31 st of the year follow | ring the year of the tourna | |
| payment p | placed. If the original prize | cement check, all previously check is received/found after for any fees you may incur wi | this request is submitted, | • |
| Request | or Printed Name: | | | |
| Request | or Signature: | | | |
| Please | submit this form to: Michigan State | USBC – PO Box 217 – Grand | ville MI 49468-0217 | |
| You may a | also scan, or fill in and dow | nload, and email to <u>office@m</u> | ichiganstateusbc.com | |

OR Fax to 616/635-2034

(Pdf's only - no jpg's)