



REFUND REQUEST FORM

Form 103.01

Please use this form if you are applying for a refund for SCCA Club Racing events held at Heartland Park Topeka by Kaw Valley Race Group, Inc.

Date of Event: _____

Driver Name: _____

Entrant Name: _____

Car Class: _____ Car No. (if assigned): _____ Make/Model: _____

Reason for refund: _____ No Show _____ Mechanical issue

Other: _____

Amount of Refund: _____ FULL _____ Saturday or Sunday Only (*please circle day*)

ALL ENTRIES PAID BY CREDIT CARD WILL RECEIVE A REFUND ON THAT CARD. ONLY ENTRIES PAID BY CASH OR CHECK WILL BE REFUNDED BY CHECK.

Please mail check to:

Name (*must be driver or entrant*): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone: (____) ____ - _____ e-mail: _____

THIS FORM SHOULD BE RETURNED TO REGISTRATION OR TO HOSPITALITY AT THIS EVENT OR IT CAN BE MAILED TO:

David Long, Treasurer
Kaw Valley Race Group, Inc.
P.O. Box 7112
Shawnee Mission, KS 66207-7112

Thank you for entering the event at Heartland Park Topeka. We are sorry you had problems and were unable to compete, but we hope to see you again!

Please allow 2 weeks for processing and mailing of this refund.