03 September 2026

Sports Riders Club of Tasmania Refund Policy

All refund applications must be submitted in writing and will be reviewed by the committee at each meeting. **An administration fee of $25 will be retained and deducted from the requested refund amount.**

Members are reminded that this process is not immediate and will take time prior to approved refunds being issued.

Applications must be submitted via the club email: admin@srct.org.au

Refunds will not be issued once you have been on track or due to poor weather. If a rider deems they do not wish to participate in a ride day due to inclement weather they will have the option for a **one-time** transfer to the next scheduled ride day.

Consideration for refunds will be taken for reason such as but not restricted to mechanical problems, medical issues or family emergencies prior to your session. All participants are required to submit a 'request for refund' form which is found at the base of this policy.

If a ride day is cancelled on the day by Clerk of Course or Competition Secretary prior to any bikes entering the track all registered participants will automatically be refunded.

It must be noted that if the ride or race day is cancelled part-way through the event i.e critical incident occurred or inclement weather deemed the track no longer safe to enter no participants will receive a refund.

03 September 2026

Sports Riders Club of Tasmania Refund Request

Submit request to admin@srct.org.au
Your refund request will be addressed at the next SRCT Committee Meeting which occurs on the first Tuesday of each month.
The committee's decision on your request will be final and no further correspondence will be entered into.
You will be notified of the decision via phone or email.

$25 administration fee will be retained from all refunds.

PLEASE PRINT

Name: .....

Address: .....

Phone: .....

Email: .....

Date of Event: .....

Reason for Request: .....

.....

.....

Amount Paid: ..... **Amount Requested:** ..... **(Minus $25 Admin Fee)**

Account Name	
BSB	
Account No.	

Sign: ..... **Date:** .....

OFFICE USE ONLY	**APPROVED *YES/NO* DATE:**	**REFUND ISSUED: *YES/NO* DATE:**