

AJRA Refund Request Form

Date: _____

To request a refund, the parent or guardian responsible for payment must complete the following form. This form must be emailed to info@ajracrew.com and received by the date stated on refund policy.

Rower Name: _____ Rower's Squad (e.g., VW, NM): _____

Parent Name: _____

Method of Payment (i.e., MC/Visa, 1 Check, 2 Checks): _____

For administrative use only:

Date of receipt: _____

Status: _____