



## Fraternal Education Refund Form

FRU Name: \_\_\_\_\_ FRU #: \_\_\_\_\_  
 FRU Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Training Site & No.: \_\_\_\_\_ Class Date: \_\_\_\_\_

**Complete the following information for Refund Requested:**

PLEASE PRINT LEGIBLY

<u>Position</u>	<u>Name</u>	<u>MID#</u>	<u>Refund Amt</u>

Reason for Refund Request: \_\_\_\_\_  
 \_\_\_\_\_

Total Number Pre-Registered: \_\_\_\_\_ Refund Requested for No.: \_\_\_\_\_  
 Total Number In Attendance: \_\_\_\_\_ Refund Amount Requested: \_\_\_\_\_

\_\_\_\_\_  
 Officer Requesting Refund Signature & Title Date

\_\_\_\_\_  
 PMA Fraternal Education Coordinator Signature Date

**NOTE:** Refund form must be received by Fraternal Education no later than 72 hours prior to class date.  
**Email** completed form to [ccroyle@moosetrainers.org](mailto:ccroyle@moosetrainers.org)

