

REFUND REQUEST FORM

1. PERSONAL INFORMATION

*Required Fields

*Full Name: _____

*Event/Tournament Name: _____

*Contact Email: _____

*Phone Number (Optional): _____

*Date of Event: _____

2. REASON FOR REFUND REQUEST

*Description the reason for refund:
(Please provide a detailed description your reason for refund).

Please provide proof – attached with this form.

4. PAYMENT METHOD USED

- Bank Transfer
- Online Payment
- PayPal
- Cash
- Other (please specify): _____

*Amount Paid: _____

*Date of Payment: _____

5. SIGNATURES

Refund Policy Agreement:

I understand that all refund requests are subject to the Deaf Darts Organisation's refund policy. Submission of this form does not guarantee a refund, and the organisation reserves the right to approve or deny requests based on the terms of the event or given a validated reason.

***Please sign this form:**

- Name: _____
- Signature: _____
- Date: _____

(If prefer to do the video in BSL, please send the video to info@deafdarts.org and add reference to this form.

This request form must be completed and emailed to the Deaf Darts Organisation.
Send this form to info@deafdarts.org

GDPR Policy – Confidentiality Statement

All personal information provided will be kept strictly **confidential** and handled in accordance with the **General Data Protection Regulation (GDPR)**. Your data will only be used for the purpose intended and will not be shared with third parties without your consent.