

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 deafdartsorganisation@gmail.com and add reference to this form.

This request form must be completed and emailed to the Deaf Darts Organisation.

Send this form to deafdartsorganisation@gmail.com

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.

