

Civil Air Patrol
United States Air Force Auxiliary
Maxwell AFB, Alabama

Activity Refund Request

E-mail this form to your Activity Director for approval.

All refunds require review by HQ CAP/CP and are subject to a \$25 cancellation fee.

Refund requests made less than 21 days from the start of the activity will not receive a refund.

Date _____

Name _____

CAP ID _____

Activity _____

Activity Location _____

Reason for Refund _____

Amount Paid _____

Fees _____	For National Headquarters use only
Amount to be refunded _____	
Account Number _____	

Original Method of Payment _____

Check To _____

Address _____

City _____

State _____

Zip Code _____

E-Mail _____

Phone Number _____

For National Headquarters use only	
Requested By _____	Title _____
Approved By _____	Title _____