

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. (Note that \$100 deposit will not be refunded.)
Refund requests made less than 21 days from the start of the activity will not receive a refund.

Date _____

Name _____

CAP ID _____

Activity _____

If activity is not in Activity dropdown list to the left, then type activity name here

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 _____