

**WORLD AFFAIRS COUNCIL OF SONOMA COUNTY
MEAL REFUND FORM**

Date

Person to receive refund _____

Mailing address, _____

Request that \$_____ be refunded to the above member/non-member because of a cancellation
72 hours or more prior to the event.

The check should be made out to (if different than Person shown above):

Should there be an exception to the 72-hour limit, please provide explanation:

Please send this request to WAC Treasurer, Leanna Breese, 625 Oak Lane, Sonoma, CA 95476.
Alternatively, it can be scanned and emailed to: breese2@gmail.com
A check will be mailed to the person above at the address listed, unless
otherwise requested.

Brantly Richardson (Or print your name here _____)

5/5/2018