## Helpers Rebate **Claim Form**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Please fill in 2 occasions when you or your representative helped DAC

# **Occasion 1.**

Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

# Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

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# **Occasion 2.**

Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

# Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank account details for refund.**

Acc Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acc No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan and email completed form to: **treasurer@doncasterac.org.au**