



Lilies War 2025 REFUND REQUEST



MERCHANT FEES

SITE FEES

Make Check Payable To: _____

Requestor's Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

SCA Name: _____

Reason for Refund: _____

Refund for Name(s)		Registration Method	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		Total	
		Refund Due	

Attach legible and relevant documents (emails, letters, physical requests) to this form. Ensure a description and reason for the refund is identified as appropriate. Site Fee refunds requested on or before May 21, 2025 are automatically approved. After May 21, 2025, all Site Fee Refund requests require Autocrat and Treasurer approval. Merchant Coordinator has sole discretionary authority for refund of merchant fees.

Approved By: _____ **Date:** _____

Mundane Signature of Merchant Coordinator (or email attachment)

Approved By: _____ **Date:** _____

Mundane Signature of Lilies War Autocrat (or email attachment)

Approved By: _____ **Date:** _____

Mundane Signature of Lilies Treasurer

For Lilies Treasurer Use Only

Check Number: _____ Amount: _____ Date: _____