



**FORT HAYS STATE
UNIVERSITY**

Forward thinking. World ready.

Registration Reimbursement Agreement

FHSU Organization:

Name of Event:

Destination:

Registration/Entry Fee \$ Amount:

Travel Dates:

Departure Time:

Return Time:

I understand that Fort Hays State University will be paying for my registration and/or entry fee in advance of the trip. Should I become unable to attend, I agree to notify my organization sponsor as soon as possible. If a substitution can be made, my responsibility for the fee may be reduced or eliminated. In the event that a replacement cannot be found, I agree to reimburse Fort Hays State University the full cost of the registration that was paid on my behalf (except in the event of a documented personal medical or family emergency, or death). Failure to reimburse Fort Hays State University as agreed will result in my academic record being flagged, prohibiting registration, release of grades, etc. until the university has received full reimbursement.

**All signatures must be in ink. Witness must be a
Fort Hays State University faculty member or notary public.**

FHSU ID #: _____

Student Name (Printed)

Student Signature

Date

Witness Name (Printed)

Witness Signature

Date
