

Swim School Cancellation Form

Parent's Full Name: _____ RP # _____

First Child's Full Name: _____ DS # _____

Second Child's Full Name: _____ DS # _____

Third Child's Full Name: _____ DS # _____

Phone Number: _____

What is your reason for withdrawing from swimming lessons?

Winter
 Changing swim schools
 Work
 Swim club
 Price
 Availability
 Child not enjoying
 Illness
 Moving
 Other

If other, please provide reason.

Have you discussed suspension options as an alternative?

Yes
 No

Click here to change your request to a suspension

How would you rate your swimming instructor? (Five being the highest)

Can you make any suggestions about how we can improve swimming lessons?

This is a request to cancel only. The following criteria must be met before cancellation will be processed:

- **All members must give 14 days' notice** before their next direct debit to cancel
- **Membership fees must be up to date OR if in arrears, must be paid in full before cancellation will be processed.**

Form completed by: _____ Date: _____

Submit Form

Office use only:
 Last Lesson: _____
 Last DD: _____
 Lesson Day: _____
 Debit to be taken

Office use only:
 Date Processed: _____
 Processed By: _____
 cancelled lessons
 cancelled DS
 call/email debit date