

# Swimming and Water Safety Suspension and Cancellation Request

## PARENTS INFORMATION

First Name:		Surname:	
Mobile:	Home:	Work:	
Email Address:			

## CHILD/REN INFORMATION

1 <sup>ST</sup> CHILD	First Name:	Surname:
2 <sup>ND</sup> CHILD	First Name:	Surname:
3 <sup>RD</sup> CHILD	First Name:	Surname:
4 <sup>TH</sup> CHILD	First Name:	Surname:

## REQUEST

*Please note: ALL cancellations require 30 days' notice. Suspension must give 3 days' notice.*

*\*There is a charge of \$5.00 per week for suspensions. Suspensions are for a minimum of 1 week and maximum of 6 weeks*

<i>Please Circle:</i>	SUSPENSION	CANCELLATION
From:	To:	
Reason:		
<input type="checkbox"/> Having a break or holiday <input type="checkbox"/> Finishing Lessons		
<input type="checkbox"/> Assessed level unavailable <input type="checkbox"/> Moving out of the Area		
<input type="checkbox"/> Changing Swim Schools <input type="checkbox"/> Problem with Lessons (please provide more details)		
<input type="checkbox"/> Other (please provide more details)		
More Details:		

Client sign: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

## PROCESSED

<input type="checkbox"/> Cancel membership with Debit Success <input type="checkbox"/> Cancel membership in Links	BY: _____  DATE: _____
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