



LEARN 2 SWIM WITHDRAWAL FORM

Withdrawing from Term_____

Parent name_____

Home phone_____

E-mail address_____

Cell phone_____

Home address_____

Number of swimmers enrolled with us?_____ Number of swimmers withdrawing?_____

Name of swimmer_____ Lesson time_____:_____

Lesson day: M T W Th F S

Name of swimmer_____ Lesson time_____:_____

Lesson day: M T W Th F S

Name of swimmer_____ Lesson time_____:_____

Lesson day: M T W Th F S

Reason for withdrawal: Moving Medical Schedule Conflict Other (please specify)

DECLARATION NOTE:

I understand that my registration will be cancelled when CBay Learn 2 Swim receives this completed withdrawal form. I understand that withdrawals are final. If I change my mind I must re-enroll my child/children and I understand that space may not be available on the date/times that were available on my cancelled Learn 2 Swim classes.

Customer Signature_____Date_____/_____/_____