WITHDRAWAL FORM



Drop off or email to frontdesk@swimamericadavis.com

NOTE: Withdrawal forms must be received by the 25th of the month to avoid charges for the next month.

TELL US ABOUT YOUR FAMILY				
Today's Date:	Swimmer(s) Name(s):			
Parent's Name(s)	Telephone:			
Email address:				
Date of Last Lesson:				
Reason for leaving (check one): Schedu Other — (please explain)	le Conflict Taking a Break	Moving out of the a	rea Vacation	Unsatisfactory Experience
CANCELLING MID-MONTH				
We do not offer refunds. By selecting the box below the remainder of the tuition may be donated to HOPE FLOATS, which provides swim lessons to children living in poverty within our community.				
HOPE FLOATS DONATION				
ALITUODIZATION				
AUTHORIZATION				
I understand that registration and auto-debit payment method will be canceled when SwimAmerica receives this Withdrawal Form. Withdrawals are final. If I wish to re-register my swimmer in the future, the same class day/time or instructor may not be available. I understand that fees I've already paid are not refundable.				
Parent Signature:	Date:			
Would you like a □ call or an □ email to remind you to re-register? When:				
OFFICE USE ONLY: Lesson Day/Time		Level	_ Coach	
NOTED IN COMPUTER RP#		Copyright 2	021 SwimAmerica -avis. Al	rights reserved Version 2.13
NOTED IN CMD CHANGED TO CASH	Confirmation email sent to family _	_		