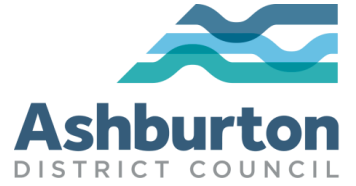


Learn to Swim Enrollment Cancellation Form



Child's Name: Date of Birth: I authorise my child's enrollment to be cancelled

Class day, time, level cancellation from: Parent Signature: Today's date:

Cancellation of enrollment effective (date): Reason for cancellation:

FOR OFFICE USE ONLY

Membership No: Name of reception staff: Change actioned by (name): Date actioned:

Account has been checked and fully paid before cancellation of enrollment: Yes No

NOTES:

ASHBURTON DISTRICT COUNCIL