

LTS & SQUAD CANCELLATION

RESPONSIBLE PERSON (If squad member under 18 years, guardian to complete):

Name: _____ Email: _____

Phone: (h) _____ (w) _____ (m) _____

Address: _____

I hereby give 30 days notice to cancel my enrolment in accordance with the Direct Debit Agreement in the:

Learn to Swim Agreement and / or Squad Program Agreement

Date of final lesson: _____

Signature: _____ Date: _____

STUDENT/S DETAILS:

Name: _____ D.O.B: _____ Level: _____

Name: _____ D.O.B: _____ Level: _____

Name: _____ D.O.B: _____ Level: _____

Name: _____ D.O.B: _____ Level: _____

CUSTOMER FEEDBACK:

Your comments and suggestions are important to us. Please take a minute to complete these 3 short questions:

Why have you decided to cancel your swimming lessons / squad?

Did Sutherland Shire Leisure Centres meet your expectations?

In what areas can we improve?

Office Use Only

- Cancel student in database
- Cancel direct billing from (month)

Last payment month: _____

Staff Signature: _____

Date: _____