



Responsible Person Number
(OFFICE USE ONLY)

Splash Swim School perpetual (direct debit) cancellation form

I _____ (Responsible Parent name) WISH TO CANCEL THE FOLLOWING Perpetual swimming lessons currently enrolled with Splash Swim School.

NOTE: Please take careful note of the date of last lesson attending. The enrolment will be cancelled from this date or the date we receive your cancellation form, whichever is later.

Direct Debit lessons are paid for two weeks in advance. Any Direct Debit lessons paid for but not used cannot be refunded or credited upon cancellation.

Lesson details

Please cancel the following lessons:

Child's Full Name _____ Lesson Day _____

Date of last lesson attending _____

Child's Full Name _____ Lesson Day _____

Date of last lesson attending _____

Child's Full Name _____ Lesson Day _____

Date of last lesson attending _____

Child's Full Name _____ Lesson Day _____

Date of last lesson attending _____

Reason for cancellation:

Medical ☐ Financial ☐ Relocating ☐ Other ☐ _____

CLIENT AUTHORITY

CUSTOMER SIGNATURE:

AUTHORISATION DATE:

OFFICE USE ONLY

☐ Perpetual lesson/s cancelled in LINKS:

Student No. _____ ☐

Student No. _____ ☐

Student No. _____ ☐

Student No. _____ ☐

Initials: _____ Date: _____

For Multiple Child Families:

Does discount need to be amended for remaining enrolled child/ren?

Yes ☐

