

# Cancellation Request



## Your Details

Your Name:

Guardian No.:

Email:

Contact Number:

Student's Name:

Member No.:

## Reason For Cancellation

Please tick all that are appropriate:

Medical/Injury

Holiday

No suitable class available

Financial

Other commitments

Moving out of the Area

Student not ready

Facility too busy

Changing Swim School

Weather

Other (Please Detail):

## Cancellation Agreement (Please Tick)

Please take this as my written notice to cancel from \_\_\_\_/\_\_\_\_/\_\_\_\_

I acknowledge that my cancellation must be lodged by close of business on the Tuesday\* prior to the end of the current Direct Debit period.

*\*(Where the cancellation lodgement date falls on a public holiday, all cancellations must be lodged by close of business on Friday of the previous week)*

I acknowledge that I am aware that my last lesson & facility access under this enrolment will be on \_\_\_\_/\_\_\_\_/\_\_\_\_

## Acknowledgement Of Terms And Conditions

I acknowledge that once my cancellation has been submitted no further changes can be made.

I acknowledge that all outstanding amounts need to be paid in full before cancellation can be processed

I acknowledge I have read the Terms and Conditions and am aware that they are readily available to me on [www.cockburnarc.com.au](http://www.cockburnarc.com.au).

Customer Signature:

Date:

Actioning Staff Member:

Date: