

2121 Second Street

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

(530) 759-1214

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TELL US ABOUT YOUR FAMILY		
Today's Date:	Swimmer(s) Nar	me(s):
Parent's Name(s)	Telephone:	
Email address:		
REQUEST TO WITHDRAW		
Lesson Day/Time:	Level:	Instructor's Name:
Date of last lesson swimmer will atten	d:	
Reason for leaving:		
Would you like a o call or o email to re	emind you to re-register?	When:
CANCELLING MID-MONTH		
We do no offer refunds. The remaind can be redeemed upon return OR the r poverty within our community.	er of the tuition may be ac emainder of the tuition m	dded as a FAMILY CREDIT towards future SwimAmerica-Davis classes and lessons and may be donated towards HOPE FLOATS, which provides swim lessons to children living in
FAMILY CREDIT HOPE	FLOATS DONATION	
AUTHORIZATION		
I understand that registration and aut final. If I wish to re-register my swin ready paid are not refundable.	o-debit payment method v nmer in the future, the sar	will be canceled when SwimAmerica receives this Withdrawal Form. Withdrawals are me class day/time or instructor may not be available. I understand that fees I've al-
Parent Signature		Date
NOTED IN COMPUTER RP#		Copyright 2019 SwimAmerica Davis. All rights reserved
NOTED IN CMD CHANGED TO CASH		Version 1.17