

Cancellation Form



Please fill out in **BLOCK LETTERS** - so it is READABLE

Forms that are not filled out COMPLETELY will **NOT** be accepted, nor can swimmers be cancelled.

FAMILY's details

Parent/Guardian Name & Surname

Cell phone number

E-mail address

SWIMMER's details

Name child is known by

Surname

Date of birth

CANCELLATION details

Date of last class:

Date of last direct Debit:

Reason for cancellation (Please be specific. This will enable us to improve our services even further.):

TERMS and CONDITIONS: (Please tick Boxes indicating consent)

This form need to be handed into Kindyland Swim Office on or before the 10th of the month.

My allocated time slot and the Direct Debit Payment instruction will be cancelled.

To cancel the Direct Debit Payment instruction, **the Accountholder** needs to **sign at the bottom**.

Should I wish to swim again, I need to complete a new **Registration** form and pay the first month's fee.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**I HAVE READ AND UNDERSTAND THESE TERMS AND CONDITIONS
STIPULATED BY KINDYLAND TRUST, AND WILL ABIDE BY IT.**

(Parent/Guardian's **Signature**)

_____/_____/_____
(Date)

(Account holder's **Signature**)

For Office use only:

Received by: _____

Date: ____/____/____

Processed by: _____

Date: ____/____/____

Other remarks:

Member/Contract number: _____