

WITHDRAWAL FORM
*Must be submitted 30 days
before the last lesson*



www.swimamericadavis.com
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(530) 759-1214

TELL US ABOUT YOUR FAMILY

Date of Request:

Parent's Name(s)

Telephone:

Swimmer(s) Name(s):

REQUEST TO WITHDRAW

Lesson Day/Time:

Level:

Instructor's Name:

Date of last lesson swimmer will attend (must be 30 days from this notice):

Reason for leaving:

AUTHORIZATION

I understand that registration and auto-debit payment method will be canceled when SwimAmerica receives this Withdrawal Form. Withdrawals are final. If I wish to re-register my swimmer in the future, the same class day/time or instructor may not be available.

Parent Signature

Date