

# Hubbard Family Swim School

## Withdrawal Form

(must be submitted at least 30 days prior to the last lesson)

Date Received: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Name: \_\_\_\_\_

Lesson Day/Time: \_\_\_\_\_ Date of last lesson student(s) will attend: \_\_\_\_\_

(must be a minimum of 30 days from this notice)

Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

Reason For Withdrawal:

Moving  Medical  Scheduling conflict  Other \_\_\_\_\_

Comments:

\_\_\_\_\_

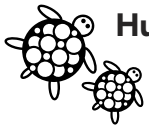
I understand that my registration will be cancelled when the Hubbard Family Swim School receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-register.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Cancelled Class: \_\_\_\_\_

13832 N. 32nd St. #100, Phoenix, AZ 85032 • www.hubbardswim.com • 602.971.4044 tel • 602.765.2950 fax



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