

CLASS HOLD REQUEST FORM



Your child is entitled to up to four weeks of class holds, free of charge for every twelve-month period (excluding the three weeks Christmas closure) and will be guaranteed a place in their same lesson time upon return.

1. SWIMMER'S PERSONAL DETAILS

Child's Name:	
Parent's Name:	
Phone:	
Email:	

2. HOLD PERIOD - Two weeks advanced notice must be given

Date of last class child will attend:	
Date child will return to lessons:	

3. REASON FOR CLASS HOLD

☐ Holiday ☐ Medical ☐ Need a Break ☐ Financial ☐ Other.....

4. AGREEMENT

I, the undersigned, understand that my Ezdebit payments will be adjusted accordingly while my child's lessons are on hold.

Member's Signature:	Date:
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PAID: _____ ACTION: _____ CHECKED BY: _____ MAIL CHIMP: _____ SCANNED: _____