



SRC

Termination Form *Swim School*

Name Of Member: _____ Membership No.: _____

Address: _____

Contact No.: _____ (HP) / _____ (Home/Office) / _____ (Fax)

E-Mail Address: _____

Name Of Student: _____

Name Of Student: _____

Name Of Student: _____

Reasons For Termination:-

Notes:

- The effective date will be 1 MONTH from the date of submission.

Signature Of Member: _____ Date: _____

For more information, please contact
Joe Peck @ 6430-7569 or Fax to 6336-6675