



Cancellation Form

SURNAME: _____

PARENTS NAME: _____

CHILDREN CANCELLING: _____

PAYMENT METHOD *(please circle)*:

Over the counter / Direct Debit

If Direct Debit, we would like our details (please circle): Destroyed / Retained *(for our return)*

Reason for cancelling: _____

SIGNED: _____

Date: _____

Please note: Direct Debit Cancellations must be submitted 1 week prior to the next debit date (1st of each month) to ensure families are not charged.

Please email a copy of this completed form to n.kruger@kiddieswim.com.au or print and return completed form to reception in centre.