

# 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 debit payments will be adjusted accordingly while my child's lessons are on hold.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACTIONED: _____	SCANNED: _____
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