

# Departure Form

Swim School



Thank you for entrusting us with your learn to swim needs throughout your time at Willoughby Leisure Swim School. The staff members endeavour to provide the highest standard of service with a personal member experience however; if you do decide to cancel your membership with us please indicate participant details below:

## MEMBER INFORMATION

	PARTICIPANT #1	PARTICIPANT #2	PARTICIPANT #3	PARTICIPANT #4
<b>Surname:</b>				
<b>First Name:</b>				
<b>Date of Birth:</b>				
<b>Name of Parent/Guardian:</b>				

We welcome feedback so we can continue to develop and improve our services, so:

## WHY DO YOU WANT TO GO? (indicate which one best explains your decision)

<input type="checkbox"/> Financial reasons	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Moving	<input type="checkbox"/> Lack of time
<input type="checkbox"/> Medical	<input type="checkbox"/> Travelling
<input type="checkbox"/> Dissatisfied (Please specify) _____	
<input type="checkbox"/> Other (Please specify) _____	

## IS THERE ANYTHING WE CAN DO TO CHANGE YOUR MIND?

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Please tick if you would **NOT** like to continue to receive emails from Willoughby Leisure Centre with information about events, promotions and other services?

## DECLARATION

I, the participant/parent/guardian, have read, understood and agreed to the terms and conditions of the Willoughby Leisure Swim School membership. I understand that Departure Form must be completed and received by a Swim School Officer 30 days prior to the beginning of the next term to cancel my membership. If I do not obtain receipt acknowledgement within 24hours of sending my Departure Form via email I will assume it has not been received and will not be processed.

**PRINT NAME:**

**SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

