



SILVER BEAR SWIM SCHOOL

Withdrawal Form

(Must be submitted at least 30 days prior to the last lesson)

Date Received: _____

Parent Name: _____

Student Name(s): _____

Lesson Day\Time: _____ Last Day student will attend: _____

Level: _____ Teacher: _____

Reason for withdrawal:

Moving Medical Scheduling Conflict Other _____

Comments: _____

I understand that my registration will be cancelled when Silver Bear Swim School receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-register.

Signature: _____ Date: _____

Office Use:

Cancelled Class: _____