



CLAYFIELD
SWIMMING

Clayfield Swimming Cancellation Form

Student Name: _____

Parent Name: _____

Reason for Cancellation: _____

Parent Signature: _____ **Date:** _____

Office Use

Received by: _____ **Date:** _____

Processed by: _____

Last Day of Lessons: _____

DDR / Invoice Updated with 14 days cancellation notice: **Yes / No**

DDR / Invoice Updated Date: _____

Final DDR Charge Date : _____

Final DDR Charge Amount: _____

Final Invoice Sent Date: _____

Final Invoice Amount: _____