



CLAYFIELD
SWIMMING

Clayfield Swimming Cancellation Form

Student Name: _____

Parent Name: _____

Reason for Cancellation: _____

Parent Signature: _____ **Date:** _____

Please note a two week notice period applies from the date the cancellation form is received by our office.

Office Use

Received by: _____ **Date:** _____

Processed by: _____

Last Day of Lessons: _____

Invoice Updated with 14 days cancellation notice:

Student Cancelled

Account Cancelled if no more students active

Direct Debit Updated

Direct Debit Cancelled