

WITHDRAWAL FORM

Must be submitted 30 days before the student's last lesson. Gray area's are for office use only.

Student's Name _____ Date Received: _____

Instructor _____ Lesson Day/Time: _____

Date of last lesson student will attend: _____

Please Circle Type of Class: Private Sem-Private Guppy

Achieved Goals Scheduling Conflict Other _____

CUSTOMER SURVEY:

Please rate each area on a scale of 1-5 and circle the number that best reflects your experience.

(1=poor, 2=did not meet my expectations, 3=good, 4=exceeded my expectations, 5=excellent)

Customer Service 1 2 3 4 5

Swim Instruction 1 2 3 4 5

Student Progress 1 2 3 4 5

Facility 1 2 3 4 5

Additional comments about your experience at Swim to Shore are welcomed and encouraged:

ACKNOWLEDGEMENT:

I understand that by signing below, my enrollment will be cancelled at the end of 30 days.

Parent Signature

Date

We hope you had an enjoyable experience with Swim to Shore. We thank you for allowing us the opportunity to provide our service to you or your child!

For office use only:

JR/Drop Date		Membership Type Payment Schedule		Last class date under inst. notes		Constant Contact	
Post Fees		Family Name Epay/Swim		Tally Board		Cancel/Billing	
NAME:						AGE	LEVEL