



## WITHDRAWAL FORM

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Lesson Day/Time: \_\_\_\_\_

Date of Last Lesson: \_\_\_\_\_  
(must be at least 30 days from this notice)

Reason for Withdrawal: \_\_\_\_\_

Comments: \_\_\_\_\_

**I understand that my registration will be cancelled when ALOHA Aquatic Center receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-register.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received By Office & Who Received it: \_\_\_\_\_