



Mobile: 074 386 7540 - Email: hello@splashswimpe.co.za

Cancellation Form 2027

We are sorry that you are leaving!

CONTACT INFORMATION

Name: _____ Surname: _____

HOW SHOULD WE CONTACT YOU?

Phone: _____ Email: _____

INFORMATION REQUIRED

Name/s of Swimmers: _____

Your Feedback helps!

Please provide details on why you have submitted a cancellation?

Your feedback helps us address any concerns and constraints for our families

THE REASONS FOR CANCELLING?

1	Quality for Lessons	☐	6	Family Emergency	☐
2	Facilities	☐	7	Lack of Progress	☐
3	Moving Away	☐	8	Financial Hardship	☐
4	Heath Issues	☐	9	Other Sports	☐
5	Taking a break	☐	10	Other	☐

Please explain other: _____

What date will be the last class? _____

I/WE ACKNOWLEDGE THIS MINIMUM 30-DAY CANCELLATION AND UNDERSTAND THAT FEES FOR THE LAST MONTH ARE PAYABLE

Name: _____ Signature: _____

Date: _____