

CHANGE REQUEST FORM

Today's Date: _____

Please circle the program that will be changed:

SwimAmerica AquaShrimps
Stroke School/Pre-Competitive Group



Child #1 : _____ SwimA Level _____

Child #2 : _____ SwimA Level _____

***CHANGE LESSON TIME** (\$10 per child member / \$12.50 per child non-member)

Request to change time must be received at least 1 week prior to change. Must include an alternate time.

Current Lesson Time:

DAY: _____ TIME: _____

DAY: _____ TIME: _____

Change to:

DAY: _____ TIME: _____

Alternate Time:

DAY: _____ TIME: _____

***ADD/DROP A SECOND LESSON TO MY CHILD'S WEEKLY SCHEDULE**

(\$11/lesson member & \$13.75 per lesson non-member)

ADD/DROP:

DAY: _____ TIME: _____

Alternate Time:

DAY: _____ TIME: _____

(Must schedule 1 month minimum) Begin: _____ End: _____

***CANCEL ON-GOING BILLING** (Must be received before 20th of previous month to take effect.)

Effective for the month of: _____

***MEMBERSHIP STATUS CHANGE** (Must be received before 20th of previous month to take effect.)

(Please Circle) My child is now a member. My child is no longer a member.

Signature of Parent: _____

Phone number: _____

Email Address: _____

(Email confirmation will be sent.)

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