Request for Suspension Of Account

Account Name: _____

Swimmer Name(s): _____

_____

Request our swimmer(s) to be suspended beginning month/year: _____

For (reason): _____

_____

(Note: cold or inclement weather is not a valid reason for suspension.)

We plan to return the month of (max 3 months): _____

I understand training fees, outstanding service hour obligations, fund raising obligations will be billed through the month prior to suspension of account. I also understand if we do not return within the 3 months my account will be cancelled. Activation of a cancelled account will incur the registration fee.

_____ _____

Signature Date

For Admin Use ONLY: All charges including meet fees have been invoiced: YES / NO

Outstanding Balance of account: $_____

Service Hour Obligation: $_____

Fund Raising Obligation: $_____

TOTAL TO BE BILLED: $_____

Date swimmer suspended: _____ Date account suspended: _____

Date swimmer returned:_____ Date account cancelled: _____

Notes: _____

_____