



Cancellation Notice

Mail to: PO Box 846, Post Falls, Idaho 83877

Today's Date: _____

I am writing to inform you that my swimmer(s) _____, will no longer be swimming with CAST.

I understand this notice must be received **AT LEAST 10 days** in advance of the next scheduled billing cycle (first of every month) to stop payment. Any outstanding fees will be withdrawn from my account at the next billing cycle following the receipt of this notice.

Charges at time of cancellation will include:

- The cancellation fee of \$250 (see dues and fees schedule agreed to upon CAST registration)
- Any outstanding fundraising obligations
- Charges for all uncompleted service hours
- Any unpaid swim meet fees, if applicable

I hereby notify you of the **cancellation** of the authorization for the above referenced automatic payment withdrawals / credit card charges will be effective beginning the first billing period following the date of receipt of this notice.

Name on Account: (please print) _____

Parent Signature: _____

Date: _____

CAST appreciates feedback to improve our team. We ask you please share why you are deciding to discontinue membership.
(Please check all that apply:)

- ☐ The practice times do not mesh with family schedule
- ☐ Swimming is not for me
- ☐ Different sport season is starting
- ☐ The coaches were not coaching
- ☐ Did not feel part of the team
- ☐ Family is relocating
- ☐ The monthly cost for Kroc Center is too high
- ☐ The monthly cost to swim with CAST is too high

Please feel free to include additional comments or suggestions to help our program improve: