

DISENROLLMENT FORM

I, (Name on Account)______

hereby give notice of disenrollment from Kraken Swimming.

Disenrollment forms must be received by the 25th of the current month in order for your membership to be cancelled for the following month.

Any forms received after the 25th of the current month will not be processed until the following month.

Member(s) to Disenroll:

2	
3.	
4.	

Group to disenroll from:______ Reason for disenrolling:______

BELOW THIS LINE-FOR OFFICE USE ONLY

Date Received:____/___/____

Date Disenrolled Online:____/___/____

Disenrolled by:_____

(initials)