ARLINGTON AQUATIC CLUB MEMBERSHIP

STATUS CHANGE

A **written request** must be provided to withdraw **no later than the 20th of the month.** **Failure to provide written notification on or before the 20th of the month will result in full tuition and fees posted to your account for the impending month.** **Participants who withdraw and request reinstatement within a 6-month period will incur a $75 reinstatement fee per child.**

Swimmer's Name: _____ **Today's Date**: _____

What group is the swimmer in:

- ❖ **ELITE** • **Gold** _____ • **Silver** _____ • **Bronze** _____
- ❖ **CHALLENGER** • **Gold** _____ • **Silver** _____ • **Bronze** _____
- ❖ **DISCOVERY** • **Gold** _____ • **Silver** _____ • **Bronze** (4:30) _____ • **Bronze** (5:30) _____
- ❖ **PRE-COMP** • **1** _____ • **2** _____ • **3** _____ • **4** _____

Reason for Request:

____ Withdrawal ____ Medical Inactive (Documentation Required)

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____

---------- **OFFICE STAFF ONLY** ----------

_____ _____ _____

Date Received | Last Month to Bill | Date Completed

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