Bainbridge Island Swim Club

Change in billing application

Leave of Absence (temporary)

Retire from BISC (permanent)

Parent r	ame:	
Swimme	ers name:	
Current	Group Level:New Group Level:	
Date of	change:Date of Return:	
	for absence/change (Check a box) ntion to participate in both BHS swim & Dive/ BISC (for meets & up to 3 practices a week)	
	irls LOA / Sept. 1st thru Nov. 30th **Boys LOA / Dec. 1st thru Feb. 28th	
2. Leav	ve team permanent	
4. Cha	lical Issue (1 month limit once a calendar year/medical documentation required) nge in billing group levels (coach approved)	
	ve of absence to participate in BHS Swim Team ONLY /* *Girls LOA / Sept. 1 st thru Nov. 30 th bys LOA / Dec. 1 st thru Feb. 28 th	
Coach S	ignature:Date:	
Please	note the following:	
1.	As a matter of policy, this form is the only accepted change in billing form. Scratch paper, envelopes, conversations, or hand written notes dropped off at the pool will not be accepted. <i>This policy is to facilitate the record keeping at the pool.</i>	d.
2.	This request is for the absence of no more than one calendar month beginning on the first d of the month noted above. This form is also used as a request to change the monthly billings must be received by the 25 th of the month for a change to take effect on the following mont All forms turned in after the 25th will be subject to a \$20 administration fee.	and
3.	The request must first be approved by BISC coaches, and then delivered to the pool or maile the Bainbridge Island Parks and Recreation District, 11700 Meadowmeer Circle NE , Bainbrid Island , WA 98110 . If this request is received after the 25 th then the change will be reflected the following monthly statement in accordance with the paragraph above.	dge
Signatu	reDate:	
	cial use only: Processed by:	_

Last updated: 5-4-2023