



Notice to Suspend Account

Today's Date: _____

Name of Swimmer(s): _____

Date Suspension will begin: _____ Group: _____

Reason for suspension:

Return Date: _____

I have read and understand the SBA Membership agreement and acknowledge that I will be billed for 50% of each billing month that my account is suspended. I am still responsible for completing my volunteer hours and they will not be reduced for the time my child(ren) are not swimming.

Parent's Name (Printed): _____

Parent's Signature: _____

Email: _____

Parent's Address: _____