

## For Masters Members Only

## MISSION VIEJO NADADORES MASTERS MEMBERSHIP CHANGE FORM

You must inform the Swim Office via completion of this form prior to the 25<sup>th</sup> of the previous month you wish to go inactive. No refunds will be granted. Dues will not be pro-rated.

Athlete Name	Account/Parent Name	Current Group/Coach
eason for Cancelling (check a	all that apply):	
Moving		
Financial Reason (scho	olarships available – please contact swim	office@mvnadadores.org)
No Time		
Medical Reasons (see	Medical Leave Below)	
Dissatisfaction (please	e explain):	
Other (please explain	):	
If form received by the 25 <sup>th</sup> ,		current month. Requests received after the 2
If form received by the 25 <sup>th</sup> , will be processed the follow	ing month.	
If form received by the 25 <sup>th</sup> , will be processed the follow Prior to cancelling members	ing month. hip, Swim Office will bill for any outstand	ing balances and pro-rated TEAM Support Ho
If form received by the 25 <sup>th</sup> , will be processed the follow Prior to cancelling members unworked at \$25/hr. TEAM	ing month. hip, Swim Office will bill for any outstand Support hours cannot be worked off afte	ing balances and pro-rated TEAM Support Ho
If form received by the 25 <sup>th</sup> , will be processed the follow Prior to cancelling members unworked at \$25/hr. TEAM STEAM Support hours will no There is a \$25 Reactivation F	ing month. hip, Swim Office will bill for any outstand Support hours cannot be worked off afte t accrue during suspension. Fee when returning to the team within 4	ing balances and pro-rated TEAM Support Hor membership cancellation.
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OFFICE USE ONLY: Date Received \_\_\_\_\_