

Elko Anacondas Swim Team Swimmer Resignation Form

Date:		
From:	(Parent Name)	
This is to inform the Elko Swim Te	eam that effective the 1st day of, my	
son(s)/daughter(s),	v	vill
be resigning from the team.		
Reason for resignation:		
,	ons (8 hours of volunteer time and \$100.00 fundraising)?	
Please check the approp	riate boxes.	
☐ Yes, I have fulfilled my	8 hours of volunteer time.	
☐ Yes, I have earned \$100	0.00 fundraising.	
☐ No, I have not fulfilled	my 8 hours of volunteer time.	
☐ No, I have not earned \$	100.00 fundraising – charge my account.	
I understand I remain fully responsibove effective date.	nsible for any unpaid balances due to the Elko Swim Team up to the	
Submitted by,		
Parent or Guardian		
Return Form To: Swim Team Coach Or		
elkoswimteam@gmail.com		

Please Note!

This form must be completed and mailed to the Team Treasurer by the 25th of the month prior to the month in which

the termination is planned to begin. If the form is not received by the 25th, the resignation will not be effective until the

following month and the member will be responsible for all fees and charges normally assessed during that billing cycle.