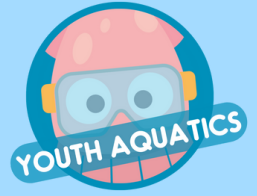


LESSON WITHDRAWAL FORM

— YOUTH AQUATICS INC.



WITHDRAWAL FORM

Parent/Guardian
Name

Swimmers
Name

:

Recurring Lesson Day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	T	W	T	F	S

Recurring Lesson Time

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	H	M	M

EMAIL

:

PHONE

:

REASON FOR
WITHDRAWAL

:

Signature

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THANK YOU FOR YOUR INFORMATION

