

SUSPENSION OF MEMBERSHIP

CONTACT DETAILS

Parent/Guardian Surname: _____ First Name: _____

Email: _____

Telephone: _____ Mobile: _____

MEMBERS SUSPENDING - 1 Month Minimum

Child 1 - Name: _____ Date from: _____ to _____

Child 2 - Name: _____ Date from: _____ to _____

Child 3 - Name: _____ Date from: _____ to _____

Child 4 - Name: _____ Date from: _____ to _____

Please provide any further details regarding your suspension request:

I _____ hereby wish to suspend my Membership for a period of **1 month minimum** with Evolution Aquatics Tauranga for the above swimmers.

Signed (member or parent/guardian over 18):

Date: _____

Please note: We cannot guarantee a swimmer will be able to re-join the same squad once they return. Each squad has a maximum number of swimmers and **EVO** will continue to have new intakes. If your designated squad is fully booked when returning, you will be placed on a waiting list until a space becomes available. If you wish to maintain your place within the squad, fee charges will continue as usual.

Office use: Processed by: _____ Date: _____