

**MEMBERSHIP CANCELLATION FORM**

***Effective April 3, 2018***

You may cancel your Sioux Falls Swim Team membership at any time by completing this written notice. **A 30-day (\*) notice of cancellation is required.** The termination date must correspond to a month end. If this form is received less than 30 days (\*) before your specified month end Termination Date, you will be responsible for monthly swimming dues for the following month (as well as for the month the form is turned in). For example, if your Termination Form is received on December 1st, you are obligated to pay dues for December and January, and your Termination Date is January 31th. The written notice must be on this SFST Termination Form. The Termination Form is only accepted by mail through the US Postal Service to Sioux Falls Swim Team, PO Box 758, Sioux Falls, SD 57101 or emailing it to [treasurer@sfswimteam.org](mailto:treasurer@sfswimteam.org). Please allow a week for delivery if using the US Postal Service. You will receive a confirmation email from the team once your form has been received. It is your responsibility to follow-up with the team if you do not receive a confirmation notice. No verbal cancellations will be accepted – this form must be used.

* All Midco Aquatic Center key fobs must be returned. Failure to return within 7 days of the receipt of the termination form will result in a $50 charge per key fob.
* All charges and monthly dues incurred up to the cancellation effective date must be paid in full. No pro-rated refunds for cancellations will be given. Balances not paid within 30 days of the termination date will be turned over to collections for further processing.

*(\*) – 30 days being a full month, whether the month has 28, 30 or 31 days.*

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date (must be month end): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand my account balance must be paid in accordance with the Termination Policy listed above:

\_\_\_\_\_\_initial here, Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Office use only: Received: \_\_\_\_\_\_\_\_\_ Account Balance Clear: \_\_\_\_\_\_\_\_ Account Updated: \_\_\_\_\_\_\_\_\_\_*