



CHANGE OF STATUS- / CONTACT INFORMATION

(Return to Treasurer : "dues" box)

Swimmer(s): _____ Date: _____

Change Contact Information

Address: _____

Phone Number(s): _____ Email: _____

Change Financial Plan

Effective: _____

To Plan A To Plan B

Return to the Team

Effective: _____

I have completed (attach) "Returning Swimmer Checklist" with office personnel

Take a break from the Team *

Effective: _____

I have fulfilled my volunteer obligations
Not applicable to Masters

I have notified my / my child's
coach

Resign from the Team *

Effective: _____

Reason (optional): _____

TERMINATION AGREEMENT

By signing below, I agree that I have properly informed the Membership Director and/or the Treasurer that myself and/or my child(ren) will no longer be swimming for the Gilroy Gators Swim Team or Gilroy Gators Masters Swimming. I have fulfilled my job requirements and fundraising requirements by either working stated hours and/or positions or paying my account in full.

Parent/Guardian/Masters Signature: _____

Treasurer's Signature: _____

Amount Received: _____ Check #: _____ Date: _____

** Monthly payments are due and payable unless the proper notification procedures are followed. All financial obligations must be met when taking a break or resigning from the Gilroy Gators Swim Team and/or Gilroy Gators Masters Swimming. Accounts 60 days past due will be turned over to a collection agency.*