

Aqualand Swim School

QUEENSTOWN LAKES DISTRICT COUNCIL

Aqualand Swim School Withdrawal Form

Date: _____

Parent/guardian: _____

Phone: _____

Childs/Children's name: _____

Reason: _____

Please take this form as a withdrawal of the above child/children from
Aqualand Swim School lessons effective as of (date): _____

Signed by parent/guardian _____

Office Use: _____

Entered into Links: _____

Date: _____