



CUMBERLAND  
COUNCIL

# Swim School

## CREDIT APPLICATION REQUEST

**Participant Full Name:** .....

Responsible Parent: ..... Customer No # .....

Email: ..... Mobile: .....

### Request Details:

Reason for Application: .....

Total Lessons Missed: .....

Have you attached relevant documentation? (Medical Certificate)  \*Required

Additional Comments or Details: .....

### Invoice Details:

Issue Date: ..... Payment Reference: .....

Invoice Total (\$): .....

Have you attached a copy of the receipt to this application?  \*Required

**Please Note:** All refunds incur a \$50.00 administrative fee as per the terms & conditions.

#### OFFICE USE ONLY

Staff Member: ..... Date: .....

Entered request into database

**Trim Reference:** .....