

2024-25 STREAMLINE AQUATICS ACCOUNT WITHDRAWAL "INACTIVE" REQUEST FORM

Directions: Print or type the required information on the Form. **If typed**, save the form before closing it to retain your data. Completed form should be e-mailed as a document, pdf, or image attachment. **Please be sure to title the document, pdf, or image with the Athlete's Name. (Last Name, First Name) Email to PaySASA@sbcglobal.net**

Streamline Aquatics requires receipt of this form for Status Change Requests to withdraw from the program. Accounts **MUST** have \$0.00 balance owing **prior to** a Status Change Request being approved.

Completion and submission of this form is **REQUIRED** to withdraw from Streamline Aquatics. Be sure to review the SASA Account Status Request Policy posted on the SASA website.

Note: Your account must be paid in full for the current billing period for your Withdrawal Request to be approved.

Should you have any questions about this policy, please send an email to PaySASA@sbcglobal.net

* All stated information is required

Swimmer's Name* _____

Requested Status Change:

Requested Withdrawal effective monthly billing period* _____ (see policy terms prior to completing)
(must be a **minimum of the month immediately following completion of this form**)

Effective Withdrawal Date* _____ Form Submission date: * _____

Policy Terms:

Your withdrawal request will be applied to the next billing period following your request as determined solely by the submittal date* of your request. The swimmer's last possible date to practice or enter a swim meet will be the last day of your **final** billing period. (Billing periods are monthly, Jan, Feb, Mar, April, May, June, July, Aug, Sept, Oct, Nov, and Dec)

Example for requests submitted by the 20th of the Month prior to your requested Monthly Billing Period:

If your Status Change Request Date is submitted by **February 20th**, you will be billed and owe full dues for March. Your Final Billing Period will be March and your swimmer's last possible swim date is **March 31st**.

Example: for requests submitted after the 20th of the Month prior to your requested Monthly Billing Period:

If your Status Change Request Date submission is made **on or after February 21st**, you will be billed and owe full dues for **both March and April**. April will be your Final Billing Period and your swimmer's last possible swim date is **April 30th**.

NOTE: If a swimmer is withdrawing (inactive) **due to military relocation orders**, please provide documentation via email for a possible exception to the above stipulations.

Swimmer's Group *

Practice Pool: UIW WO

Check One:

Explorer 1 or A
 Explorer 2 or B

Explorer 3 or C
 Dream Team

Inspired
 Performance

Home School

Parent's Name * _____

Parent's Email * _____

Signature * _____

Date * _____

Reason for Withdrawal * _____

Completed Form **must** be e-mailed to PAYSASA@SBCGLOBAL.NET no later than the 20th of the month **prior to** the **requested Status Change Monthly Billing period**. There are **NO EXCEPTIONS**.