

2024-25 STREAMLINE AQUATICS ACCOUNT "HOLD" REQUEST FORM

Directions: Print or type the required information on the Form. **If typed**, save the form before closing 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**. (ie Last Name, First Name) Please email to PaySASA@sbcglobal.net

Streamline Aquatics requires receipt of this form for Status Change Requests to place an account on "Hold.
Account **MUST** have \$0.00 balance owing **prior to a Status Change Request being approved.**

This is a **REQUIRED** Form to change Streamline Aquatics membership status to a Hold Status.

Note: Your account must be paid in full for the current billing period for your Hold 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 Hold effective monthly billing period* _____ (see policy terms prior to completing.)

Anticipated month of return to Active Status* _____ Form Submission date: ** _____

(must be a minimum of the month immediately following completion of this form)**

(When you place your account on hold, you agree to pay one half of your normal monthly dues for each month your account is on Hold.)

Policy Terms:

For request submitted by the 20th of the month **prior to the monthly billing period** of your requested hold date, your hold status credit will be applied to the monthly billing period following your request. The swimmer's last possible date to practice or enter a swim meet will be the last day prior to the month your account status is changed to "Hold" as determined by submission date**. (Billing periods are monthly, Jan, Feb, Mar, April, May, June, July, Aug, Sept, Oct, Nov, and Dec)

Example:

If your Status Change Request Date submission is submitted **NO LATER THAN May 20th**, then a **50% hold credit** will be reflected on your **June** invoice as well as any subsequent monthly invoices requested by this account "hold" notification.

If your Status Change Request Date submission is made on **May 21st** or later during the month of June, but on or prior to **June 20th**, then your **50 % Hold Credit** will be applied beginning with your **July** Invoice and will continue for any subsequent monthly invoices requested by this account "hold" notification.

IF the Hold Request is for **Medical Reasons** and you if submit a copy of the Doctor's Orders with your Hold Request, a policy exception will be considered.

Swimmer's Group *

Practice Pool: *

Check One:

_____ Explorer 1 or A

_____ Explorer 3 or C

_____ Inspired

_____ Home School

_____ Explorer 2 or B

_____ Dream Team

_____ Performance

Parent's Name * _____

Parent's Email * _____

Signature * _____

Date * _____

Reason for Hold * _____

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**.