FINS THE ART OF SWIM

Taking a Break

Internal Use Only
Date Entered _____
Entered By _____
Fee $_____

Please fill out the information below and turn it into a FINS representative to complete the process. FINS is trying to earn all A's, so your feedback is appreciated.

Responsible person's name: _____

Student's name: _____

Student's name: _____

Student's name: _____

Student's name: _____

Date of Last Class Attending: _____ / _____ / _____
Please remember 30 days' notice is required.

	A - Excellent	B - Good	C - Fair
How was the quality of your lesson(s)?	☐	☐	☐
Did the student(s) get into class on time?	☐	☐	☐
How attentive was your teacher(s)?	☐	☐	☐
How was the customer service?	☐	☐	☐
Was the facility clean?	☐	☐	☐

Was the student in the correct class?	Yes ☐	No ☐
Do you feel our prices are reasonable?	Yes ☐	No ☐
Would you recommend us to a friend?	Yes ☐	No ☐
Were these your first classes at FINS?	Yes ☐	No ☐

Your suggestions or reason for taking a break please: _____

By signing this form, I understand that 30 days' notice must be given and if less than 30 days' notice is given, additional fees may still apply. I understand that I have 30 days from the date of my last class to re-enroll without the 3 month minimum joining period. I understand the FINS cancellation policy and additional fees may apply, but any fees will be indicated and explained to me when this form is turned into a FINS representative. This form is not accepted via fax or email.

Signature of Billing Contact _____

Signature of FINS Representative _____