

# LEARN TO SWIM REQUEST FOR CHANGES

Make any changes to your learn to swim membership including:

- Account details
- Concession Card Expiry
- Contact information
- Booking day, time or teacher

## CONTACT INFORMATION – Please complete even if you are not updating your contact details

RESPONSIBLE PERSON# 1 SURNAME	GIVEN NAMES	TITLE	DATE OF BIRTH
			____/____/____

POSTAL ADDRESS FOR CORRESPONDENCE
POSTCODE

CONTACT NUMBER (BH)	CONTACT NUMBER (AH)	CONTACT NUMBER (MOB)

EMAIL ADDRESS

1) STUDENT SURNAME	STUDENT GIVEN NAMES	GENDER (CIRCLE)	DATE OF BIRTH	AGE
		MALE/FEMALE	____/____/____	
2) STUDENT SURNAME	STUDENT GIVEN NAMES	GENDER (CIRCLE)	DATE OF BIRTH	AGE
		MALE/FEMALE	____/____/____	
3) STUDENT SURNAME	STUDENT GIVEN NAMES	GENDER (CIRCLE)	DATE OF BIRTH	AGE
		MALE/FEMALE	____/____/____	
4) STUDENT SURNAME	STUDENT GIVEN NAMES	GENDER (CIRCLE)	DATE OF BIRTH	AGE
		MALE/FEMALE	____/____/____	

## REQUEST FOR CHANGES

### CHANGE BOOKING

Student/s requiring change	
Preferred Instructor	
Preferred Day/s	
Preferred Time	

Please note that your changes can not be guaranteed by submitting this form. If you do not have a preference such as time or instructor then leave these fields blank. You will be contacted to confirm your new lesson arrangements.

### APPLY FOR CONCESSION / UPDATE CONCESSION CARD EXPIRY

Student/s listed on the concession card	
Concession card expiry date	____/____/____

It is your responsibility to present a valid concession card prior to the expiry date of your current card. Concession discounts will be automatically removed at the conclusion of your current expiry date and refunds will not be issued for past lessons that have not received a concession price.

## REQUEST TO CHANGE PAYMENT TYPE / ACCOUNT INFORMATION (please circle)

FROM	Credit Card	Bank Account	Update account information
TO	Credit Card	Bank Account	

### BANK ACCOUNT DETAILS

Complete if deductions are to be taken from nominated bank account.

Bank Name		Branch Name	
BSB Number	_____ six digits required		
Name(s) in which account is held			
Account Number			
Postal address of fee payer			
Suburb and Postcode			
Contact number of fee payer			

### CREDIT CARD DETAILS

Note: Original Credit Card must be sighted to verify details provided are correct.  
Complete if deductions are to be taken from nominated credit card.

Financial Institution where account is held		Card Type (Circle)	VISA      MASTERCARD
Card Number	_____/_____/_____/_____		
Name(s) As appears on card			
Postal address of fee payer			
Suburb and Postcode			
Contact number of fee payer			
EXPIRY	_____/_____		

I/we request to change the arrangements of my Learn to Swim membership as follows:

- ☐ Contact information
- ☐ Booking day, time or teacher
- ☐ Payment type
  - ☐ I understand I can request an additional copy of and agree to the terms and conditions of the Learn to Swim Client Service Agreement as per my original contract.
- ☐ Account details
- ☐ Concession Card Expiry
  - ☐ I have provided my original valid concession card to Latrobe Leisure and understand a copy of this will be made to confirm the validity of my application

**SIGNATURE (If updating joint account information both signatures are required)**

**DATE**

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## OFFICE USE ONLY

- ☐ Concession Card copied and attached
- ☐ Concession has been applied
- ☐ If applicable, original Credit Card has been sighted and verified that details provided are correct
- ☐ Contact information is complete and updated in Links
- ☐ Customer has signed the bottom and ticked applicable changes
- ☐ Cancellation fee and all outstanding fees paid

To be signed and checklist above completed by staff member that receives the form

RECEIVED DATE	STAFF NAME	STAFF SIGNATURE
<div> <div>/</div> <div>/</div> <div></div> </div> <div>DAY MONTH YEAR</div>		

To be completed by staff member that processes and confirms booking changes, suspension or cancellation if applicable (supervisor or other authorised staff)

BOOKING CONFIRMED DATE	STAFF NAME	STAFF SIGNATURE
<div> <div>/</div> <div>/</div> <div></div> </div> <div>DAY MONTH YEAR</div>		

## SUPERVISOR USE ONLY

- ☐ Details have been recorded in Links
- ☐ If Applicable, Credit Card numbers have been obscured

NAME	SIGNATURE	DATE