



NUNAWADING SWIMMING CLUB INC. SQUAD FEE ADJUSTMENT FORM

If you wish to apply for an adjustment to your squad fees for a swimmer's absence of more than two weeks, please complete this form and return it to Louise Martin at the NSC Reception, or email scanned copy to finance@nunawadingswimmingclub.com or post to:

Nunawading Swimming Club, Attention: Louise Martin, Fraser Place, Forest Hill Vic 3131

SQUAD DETAILS

Squad Name: _____

FAMILY DETAILS

Family Name: _____ Home Phone No: _____

Address: _____ Suburb: _____ Postcode: _____

Email Address: _____

INDIVIDUAL SWIMMER DETAILS

First Name: _____ Date of Birth: _____ Age: _____

Reason for Request for Squad Account Adjustment:

If a swimmer suffers any serious injuries or illnesses, eg fractured limbs or glandular fever, which necessitate a prolonged absence from training of more than 2 weeks, for medical reasons, consideration may be given to adjusting the account in the following month.

Medical Certificate attached

If swimmer has been absent for more than 2 weeks with a medical condition please attached medical certificate.

Amount of Account Adjustment Requested: _____

COACH SIGN-OFF

Please ask your squad coach to sign here to verify your absence for more than 2 weeks.

Coach Name: _____ Coach Signature: _____ Date: _____

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OFFICE USE ONLY

- Full adjustment approved, credit processed
- Adjustment part approved, family advised with reasons, credit processed
- Adjustment not approved, family advised with reasons

Date Completed/...../..... **Louise Martin:**