

Just Swimming Customer Application for Credit



Please complete this form, if you are a customer applying for a credit at Just Swimming programs.

Applications for a credit must be emailed to the Swim School Coordinator, where you will then receive a written response within 7 days for requesting a credit.

Responsible person surname:	
Responsible person first name:	
Student full name:	
Dates of missed lessons:	
Reason for requesting a credit:	

Please ensure the follow documents are attached.

- Medical Certificate
- Receipt of Payment

Customer Signature:

_____ Date: _____

Office Use Only

Student Id: _____

No. of lessons missed: _____

Amount of Credit Applied: \$ _____

Processed by: _____

Date Processed: _____