



WITHDRAWAL FORM

S/N: _____

I wish to withdraw from the following Sports & Games activity(s):-

With Effect From: 1st _____

(Please tick / *delete accordingly)

<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Table-Tennis
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Taekwondo
<input type="checkbox"/>	Billiards & Snooker	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Contract Bridge	<input type="checkbox"/>	Fitness & Health (FLEX)
<input type="checkbox"/>	Golf	<input type="checkbox"/>	*Water Polo / *Flippa Ball

Name of Activity (1): _____ Time/Day: _____
(Pls specify) (E.g. Team Training, Section Membership)

Name of Activity (2): _____ Time/Day: _____
(Pls specify) (E.g. Team Training, Section Membership)

Reason for withdrawal: _____

MEMBER'S PARTICULARS

Principal Member: _____ Account No

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Name of Participant: _____
(If different from above)

Contact No.: _____ (H) _____ (O) _____ (HP)

IMPORTANT INFORMATION

1. Withdrawal notice must be submitted at least 2 weeks in advance before the next billing month.
2. Notice received by the Club **on or before the 15th day of the month** will be processed within the month. Charges for the activity will cease in the following month.
3. Notice received by the Club **after the 15th day of the month** will be processed in the following month. Charges for the activity will be debited accordingly in the following month and cease thereafter.

Principal Member's Signature

Date

FOR OFFICE USE

Date Received: _____

Effective Date: _____

Officer-in-charge: _____

Last Billing Amount: \$ _____

Remarks: _____