Dolphin Swimming 718-359-7743 Fax: 718-359-7838

海豚游泳培訓中心

	Student Witho	lrawal A	application /	退學申請	表	
Student First Name 學生名字:	_	Student Last Nan 學生姓氏	me 			
Parent Name						
家長姓名: Class Location	Queens 皇后區		Long Island 長島	<u> </u>		
上課地點:	BCNY		CAOW	J		
Sport(s) □ Swimm 運動: □ Other	ning 游泳	☐ Karate 空手道 —		☐ Basket	tball 籃球	
Level 級別:		Day 上課日:	逢星期	Time 上課時間]:	
Payment Status	Online (Credit Card)		Amount: \$		Date:	
學費付款情況:	Check #		Amount: \$		Date:	
	Cash		Amount: \$		Date:	
	Other:	3371-	Amount: \$	T	Date:	
Telephone Home 電話: 住家:		Work エ作:		Fax 傳真:		
电码·		_ _ 1F·		时共・		
City 城市:		State 州:		Zip 郵區:		
Reason for Refund 退款原因:				Doctor's 醫生		es Io
Date of Apply 申請日期			ent / Student's Signature E / 學生簽名			
(以下僅供海豚內部作訓	業使用, 請勿填寫)					
Refund Method	☐ Check 支票 #:		Payable to:			
退款方法:	Non-transferable Credit Valid thr					
Refund Amount 退款總額:				or Term:		
		pproved by	roved by		Approval Date	
		核准人:	進人:			
Pick up Name / Relationship:				Pick up Date:		
Pick up Signature:				Handled by:		