SINGAPORE TABLE TENNIS ASSOCIATION



Program Withdrawal Form*

Name of Child:				
Training Program:	YTS / IS# #Circle the correct program	Withdrawal Date*:	(ddmmyggg)	
Reasons for			(ddmmyyyy)	
withdrawal:				
Name of account	(Name as stated in bank	account)		
holder to receive				
refund cheque:				
Deposit refund cheq	ue			
mailing address:		D . 1		
		Postal Code:		
	med to be in the training program omitted to the coach with one mo		continue to pay all fees until formal	
Acknowledgement	by Parent			
I hereby acknowledg	ge the withdrawal of my chil	ld from YTS / IS#		
Name of Parent /		Signature &		
Guardian:		Date:		
Contact Number:		Email:		
Acknowledgement	by Coach of submission of	Withdrawal Form		
	thdrawal Form submitted t e			
coach.				
Last day of Training (DDMMYY)				
Name of Student / C	hild			
Name & initial of Coach				
STTA Stamp				
	Cut alo	ong the line		
	of submission of Withdray	-		
110mio mengement	or subminission of the unual	, m 1 or m (1 ar ent 5 COp		
Date of Program Withdrawal Form submitted to coach.		<u>o</u>		
Name of Student / C	hild			
Name & initial of Co	oach			
STTA Stamp				