

SINGAPORE TABLE TENNIS ASSOCIATION
Program Withdrawal Form*



Name of Child:			
Zone Training Centre:		Withdrawal Date*:	(ddmmyyyy)
Reasons for withdrawal:			Coach Signature:
Name of account holder to receive refund cheque:	(Account name must not be a Corporate Name)		
Deposit refund cheque mailing address:	Postal Code:		

*Note: Each child is deemed to be in the training program and the parent/guardian must continue to pay all fees until formal written withdrawal is submitted **to STTA ZTC Coach in person before the commencement of each monthly lesson**, as stated in the Fees, Terms and Conditions Form.

Acknowledgement by Parent

I hereby acknowledge the withdrawal of my child from _____ Zone Centre with effect from (Date*) _____, with clear understanding that I need to wait at least 6 months later before I can re-apply my child into Zone Training Centre again.

Name of Parent / Guardian:		Contact No:	
Signature		Date:	

Acknowledgement of submission of Withdrawal Form

Date of Program Withdrawal Form received at STTA Office	
Name of Student / Child	
Name & initial of STTA Staff	
STTA Stamp	

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Acknowledgement of submission of Withdrawal Form (Parent's Copy)

Date of Program Withdrawal Form received at STTA Office	
Name of Student / Child	
Name & initial of STTA Staff	
STTA Stamp	