



ST JOHN VIANNEY OWLS CLUB



REQUEST TO CANCEL OR AMEND PLACE(S) 2025-2026

Name of child/children _____

Address _____

Postcode _____ Tel No _____ Class No _____

Please be advised that I would like to cancel the place(s) shown below for my child/children. In agreement with the Terms & Conditions 2024/25, item 2 shown below which I signed on application for a place.

Item 2 **Cancellation of Places:** To cancel your child's place in the Club you must give at least two weeks' notice and you will be charged for that period.

The sessions I would like to cancel for the remaining academic year are:

MON AM	MON PM	TUE AM	TUE PM	WED AM	WED PM	THU AM	THU PM	FRI AM	FRI PM

Total number of sessions cancelled _____ To start from _____

Signed _____ PRINT NAME _____

OFFICE USE ONLY

Available sessions:

MON AM	MON PM	TUE AM	TUE PM	WED AM	WED PM	THU AM	THU PM	FRI AM	FRI PM

Total number of sessions Cancelled _____ Start date _____ Parent notified by _____ Date _____

Invoice generated date _____ By _____