

This form will take about 3 minutes to fill up.



WARREN
GOLF & COUNTRY CLUB

SPORTS TERMINATION FORM

COURSES/CLASS TERMINATION

Participant's Name: _____ Contact No: _____

Principal Member's Name: _____ Membership No: _____

Email _____

*Please tick as appropriate.

- | | | |
|--|---|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Yoga | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Competitive Badminton | <input type="checkbox"/> Snooker League | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Aikido | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Warren Kids' Club | <input type="checkbox"/> Zumba | <input type="checkbox"/> Ballroom Dance |

NOTE:

- Please take note that one (1) month notice is required for termination of classes.
- **One (1) month notice** will take effect from Sports Office Date Stamp.
- For all swimming lessons, all swimmers must serve **1 month notice for class termination before commencement of a new term.**
- Please submit this form to Sports Reception.

PERSONAL DATA PROTECTION

Disclosure of personal data

- (1) By signing here, you agree to allow Warren Golf & Country Club (WGCC) to use and process, by any medium, the information given by you which may be acquired throughout the process of this application in order to determine if this application will be approved or rejected.
- (2) You agree that in addition to the mode and manner in which WGCC may send you notices and communications under the Terms, WGCC may send notices and communications as we deem appropriate for the processing of this application to you at your last known address, telephone or mobile number or electronic mail address in our records.

Principal Member's Signature: _____ Date: _____

For Official use only

Received on : _____ (Sports Office Date Stamp)

Received by: _____ Signature: _____

Billing Stop Date: _____