



CLASS DROP REQUEST

Parent Name: _____

Gymnast Name: _____

Class: _____ Day: _____ Time: _____

Drop Date: _____

Reason for Dropping: _____

Signature: _____ Date: _____

I understand that I will not receive credit/refunds for any dropped classes. This request must be received 30 days prior to drop date. I understand that I will be billed until the end of those 30 days.

You may submit your completed form to the front office.

We will not accept:

- Emailed dropped requests
- Telephone drop requests
- Verbal drop requests

Received by: _____ Date: _____