

Flagstaff Gymnastics Center

Student Withdrawal Form

***must be submitted at least 30 days prior to last class**

Date received: _____

Date of last class: _____

Student Name(s): _____

Parent Name: _____

Phone Number: _____

Email Address: _____

Class Day(s) (Please Circle): Mon Tues Wed Thurs Fri Sat

*If more than one student, circle days and write student's name above day. Include ALL class times.

Class Time(s): _____

Level: _____

Reason for withdrawal: Moving Medical Schedule Conflict Unhappy

Other (Please Explain): _____

Parent Signature: _____ **Date:** _____

Office Use:

Class(es) canceled: _____

Remove from AutoPay:

Refund Due: Yes No If yes, amount: \$ _____

Submit refund request: