



ZACHARY CHEER ATHLETICS

DROP FORM

Students Name _____ Parents Name _____

Today's Date _____ Last Month you want your child to attend _____

Class _____ Day and Time _____

Reason for drop _____

Are you planning to return at a later time? Yes No Maybe If so, when _____

We are sorry to see you go. Your thoughts and opinions matter to us.

1. In thinking about your most recent experience with ZCA, overall how satisfied are you with our facility?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2. How satisfied are you with your child's coach?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

3. How accessible was your coach?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

4. How likely are you to recommend ZCA to your friends?

Very Likely Likely Neutral Not Likely Never

By signing below, I acknowledge that:

1. My child will no longer be enrolled in their class as of the effective month above.
2. My spot will not be saved for me. I will have to re-register and pay the \$50.00 registration fee in order to sign my child back up for classes. (If the class I want is full, I will either have to choose a different day and time, or be put on the waiting list.)
3. I acknowledge that I must turn this form in person **BEFORE** the 15th of the previous month or else I will be charged.

Signature _____ Date _____