



EASLEY GYMNASTICS DROP FORM 2019-2020

Easley Gymnastics values each and every member of our gymnastics family. We would like to believe that breaks from gymnastics never occur, but we understand that sometimes circumstances require a break from this great sport.

While we will miss your gymnast in class, we appreciate your communicating this situation to us. *Please understand that your annual registration fee is valid until your anniversary date is reached (12 months from original start date).*

Date this form submitted: _____/_____/_____

Full Name of Easley Gymnastics student: _____

Name of person submitting this drop: _____

Reason for dropping from class(es): _____

For Office Use Only:

Date of last class: _____/_____/_____

Balance Due (at time submitted including 30 days): \$ _____

I understand that I can return to the fun at any time. However, I also understand that no guarantees can be made with the respect to availability of a certain teacher or class time or day.

I understand that **only** the **adult member listed on the member account** can request an official drop.

I understand that the **balance due at the time this form is submitted** includes any **outstanding fees, as well as the 30-day pro-rated balance for the class(es) your child(ren) have been enrolled in.** This form, *submitted or not*, will **not** be considered official until the **account balance is paid in full.** I further understand that this form does **not** become official until submitted to the Easley Gymnastics Office ***and*** an approval signature from a the Owner/Manager is received.

Parent / Guardian Name (printed): _____

Parent / Guardian Signature: _____ Date: ___/___/___

Drop Approved by: _____ Date: ___/___/___