

THIS FORM MUST BE RECEIVED BY THE 25TH OF THE MONTH
TO WITHDRAW FROM THE NEXT MONTHS CLASSES

WITHDRAWAL FORM



TODAY'S DATE: _____

FAMILY INFORMATION/PARENT/GUARDIAN/BILLING CONTACT

Parent/Guardian

First Name: _____ Last Name: _____

CHILD(REN) INFORMATION

Child #1

Name: _____ Class Day: M T W Th Fr Sat Class Time: ____:____ AM PM

Child #2

Name: _____ Class Day: M T W Th Fr Sat Class Time: ____:____ AM PM

Child #3

Name: _____ Class Day: M T W Th Fr Sat Class Time: ____:____ AM PM

REASON FOR DROPPING THE CLASS

SIGN HERE

I understand that once this document is submitted to Mid Michigan Gymnastics my child will be withdrawn from classes. My last day of active enrollment will be the date written in the box below. If this withdrawal form is not received by the 25th of the month, I will still be responsible for the next month's tuition, even though I have withdrawn from the class.

Withdrawal Date: _____

Signature of Parent/Legal Guardian _____ Date _____

You may submit your completed withdrawal form using one of the following methods:

- Drop your completed form off at the front desk
- Email your completed form to Midmigym@gmail.com
- Mail to Mid Michigan Gymnastics

MMG
5686 Midland Rd
Freeland Mi, 48623