DROP REQUEST FORM

Parent/Guardian Name:				
Email Address for Drop Confirm	nation:			
Participant Information:				
1 st Participant Name:	Class Name:	Day:	Time:	
2 nd Participant Name:	Class Name:	Day:	Time:	-
3 rd Participant Name:	Class Name:	Day:	Time:	
4 th Participant Name:	Class Name:	Day:	Time:	
Signature:	Date:	Date:		
I understand that this documen current month for it to take effective and the same and the same and the same and the same are same as the same are	ect by the following month. I	understand that	if I do not receive	а

I understand that this document must be submitted to the Gymnastics main office by the 14th of the current month for it to take effect by the following month. I understand that if I do not receive a confirmation by the 14th of the month it is my responsibility to follow up with the Gymnastics center but not prior to this date. I understand that if my Drop Request Form is not received by the 14th of the current month, I will be charged the following month's tuition. I further understand that if I withdraw my student(s) prior to the end of the month, the Gymnastics center does not issue credits or refunds of any kind.

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

- Drop the completed form off at the front desk
- Email the form to frontgymnasticsdesk@gmail.com