

# WITHDRAWAL FORM

THIS FORM MUST BE RECEIVED BY THE 25<sup>TH</sup> OF THE MONTH IN ORDER TO WITHDRAW FROM THE NEXT MONTH'S CLASS

TODAY'S DATE: \_\_\_\_\_

## Family Information / Parent / Guardian / Billing Contact

Parent/Guardian - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Child(ren) Information

Child # 1

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Child # 2

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Child # 3

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

## Reason for dropping class

Please use the back if extra space is needed. **If you were satisfied with our service, please tell others!** ☺ If not, please tell us!

Sign Here

I understand that by signing and submitting this document to Infinite Gymnastics, my class withdrawal goes into effect on the date listed to the right:

If I drop a class mid-month, I will not receive credits and/or refunds for the remaining classes in the current month.

WITHDRAWAL DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLEASE SUBMIT THIS COMPLETED FORM IN PERSON OR MAIL TO 8989 N. 55<sup>th</sup> St. Brown Deer, WI 53223

*\*\*Our office must receive this form by the 25<sup>th</sup> to withdraw from next month's class*

**Refund Policy:** There are no refunds due to dropping a class due to vacation, illness, schedule changes, etc.

