

WITHDRAWAL FORM

THIS FORM MUST BE RECEIVED BY THE 25th 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 BY EMAIL, IN PERSON OR MAIL TO 8989 N. 55th St. Brown Deer, WI 53223

***Our office must receive this form by the 25th 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.

