

AcroSport

WITHDRAWAL FORM

Today's Date ___/___/___ Requested Withdrawal Month _____

**THIS FORM MUST BE RECEIVED BY THE 20TH OF THE MONTH IF YOU
WOULD LIKE TO WITHDRAW FROM NEXT MONTH'S CLASSES**

FAMILY INFORMATION/ PARENT/ GUARDIAN/ BILLING CONTACT

Parent/ Guardian - First Name _____ Last Name _____

CHILD(REN) INFORMATION

CHILD #1

Name _____ Class Name _____ Day _____ Time _____

Reason for Class Drop: _____

CHILD #2

Name _____ Class Name _____ Day _____ Time _____

Reason for Class Drop: _____

CHILD #3

Name _____ Class Name _____ Day _____ Time _____

Reason for Class Drop: _____

Signature of Parent/Legal Guardian _____ Date _____

You may submit your completed form using one of the following methods: • Drop the completed form at the front desk.
• Mail the completed form to AcroSport Gymnastics 3109 Rose of Sharon Rd. Durham, NC 27712

(Our office must receive this form by the 20th to withdraw from next month's classes.)