

first city GYMNASTICS

Drop Request Form

Drop Date: _____

Family Information / Billing Contact

Parent/ Guardian Name _____

Participant Information

Child's Name _____ Class/Day/Time _____

Child's Name _____ Class/Day/Time _____

Child's Name _____ Class/Day/Time _____

Reason for Withdrawing

Signature _____ Date _____

I understand that once this form is submitted to First City Gymnastics my class drop goes into effect immediately. If I drop mid-month there will be no credit or refund for the remaining month. To ensure that I am not charged for the month I wish to drop, I must submit this form at least 24 hours before the 25th of the month.

If at any time you wish to re-enroll you may do so on our website, over the phone, or at the front desk. Thanks!