



Farmington Gymnastics Academy

280 Browning Parkway/ farmingtongymnasticsacademy.com/505-4190124

DROP REQUEST FORM

FAMILY INFORMATION

Participants
Name: _____

Parents Name: _____

Mailing Address: _____

Phone: _____

Class & Time: _____

Class Day: _____

Drop Date: _____

INSTRUCTIONS

Reason for Drop:

Plan to return:

DROP PROCEDURE

Please initial each one.

_____ Drop form must be completed 15 days prior to the 1st.

_____ Drop form must be completely filled out.

_____ All open balances must be paid in full before completing the Drop Form.

Payment Type:

Auto Pay

Not Auto Pay

Team

I have read, understand and agree to the rules/regulations and liability.

Parent/Guardian Signature: _____ Date: _____

Received By: _____ Date: _____