



# T.A.A.G.

## TUITION FREEZE REQUEST FORM

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Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Gymnast's Name: \_\_\_\_\_ Class/Level: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Month requested to have tuition frozen:

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Reason for request: \_\_\_\_\_

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- During the months of JUNE, JULY & AUGUST, you are allowed to freeze ONE month for summer. Tuition will not be due for this month and your child will remain enrolled in their current class/classes. Please notify the front desk in writing at least 2 weeks in advance.
- The following month, normal tuition will be automatically reinstated unless a Drop Notice was given.

Office Use Only: