



T.A.A.G.

DROP REQUEST FORM

Date: ____/____/____

Gymnast's Name: _____ Class/Level: _____

Parent's Name: _____ Phone #: _____

Reason for Dropping: _____

- If at any time you need to remove your child from our program, you must complete this drop request form. Your registration fee is good for one year from your initial date of registration. Should you wish to return, you may enroll in one of our available classes. However, you are not guaranteed placement in your original class.
- 30 days WRITTEN notice must be given to the office by the 1st of the month to avoid paying the following month's tuition. Verbal notice is not sufficient.
- Parents are responsible for paying all tuition due before written notification is given.

Office Use Only: