

LCN Class Withdrawal Form

As stated in our registration packet, this form must be filled out and turned in to the Louisiana CheerNastics front office by the 20th of the month prior to the month of cancellation. If this notification is not received by Louisiana CheerNastics by this date, the account will be charged for the following month. Upon cancellation, participation in programs at Louisiana CheerNastics is suspended as of the end of that pay period/month. To resume participation after cancellation, registration fees will be re-assessed.

Athlete Name: _____

Current Class Day & Time: _____

Reason for Withdrawal:

(We appreciate your input as we are on a constant mission to improve.)

Parent Name/Signature: _____

Contact Number: _____

This form may be turned in at the office, emailed to jason@lcncheer.com or faxed to 318-865-0263. If emailed or faxed please call to insure your form has been received.

Thank You for your participation at Louisiana CheerNastics and if we can be of help in the future please do not hesitate to contact our office! Thanks

Office use ONLY Date Received: _____ **Staff Initial:** _____