



www.Brightstarsgym.com

609.926.2682

3330 Bargaintown Rd. Suite 4 EHT NJ 08234

NOTIFICATION OF WITHDRAWAL

Student: _____ **Parent:** _____

Please Circle: GYMNASTICS TUMBLE SWIM TEAM

Class Name: _____

Class Day: _____ **Class Time:** _____ **Coach:** _____

Withdrawal effective date: _____ **Today's Date:** _____

I understand that this notice must be received 2 weeks prior to the next pay period I am withdrawing from or my credit card on file will be charged by the first day of the new session. This is Bright Stars notification of withdrawal policy as stated in your membership agreement.

Reason for Withdrawal: _____

Please rate us on a scale of 1-5 in each of the following areas. Please circle number.

	Poor	Fair	Average	Good	Excellent
Customer Service	1	2	3	4	5
Quality of Class	1	2	3	4	5
Availability of Times of Classes	1	2	3	4	5
Your Child's Enjoyment of Classes	1	2	3	4	5
Professionalism of Staff	1	2	3	4	5
Cleanliness of Facility	1	2	3	4	5

To better serve you, please let us know if there is anything we can do to make the facility more enjoyable. Your satisfaction is important to us! Thank you for your time!

Parent Signature: _____

EMPLOYEE INITIALS _____

DATE _____

(Employees- please write any notes on back of page)