



WITHDRAWAL FORM

Student Name: _____

Guardian Name: _____

Student Class: _____

Reason For withdrawal: _____

Request Received By: _____

(Employee Name Printed)

Employee Signature and Date

Guardian Signature and Date

As a policy at *Stick It! Gymnastics* a 4 week withdrawal form must be completed 4 weeks prior to the students last week in class in order to remove a student from enrollment.

By signing this form it is accepted and understood that changes will be made 4 weeks after the week this form is turned in. The credit card on file may be charged to process any remaining balances and/or charges for the above students after one month of being past due.

NO EXCEPTIONS

FINAL PAYMENT FOR CLASSES IS DUE AT THE TIME OF WITHDRAWAL

Example: Notice given during week two of January, charges will apply through week two of February.