

# ANCIENT CITY GYMNASTICS WITHDRAWAL FORM



**THIS FORM MUST BE RECEIVED BY THE 20TH OF THE MONTH IF YOU WOULD LIKE TO WITHDRAW FROM NEXT SESSIONS CLASSES.**

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DATE \_\_\_\_\_

## FAMILY INFORMATION | PARENT | GUARDIAN | BILLING CONTACT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## CHILD(REN) INFORMATION

CHILD #1: FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CHILD #2: FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CHILD #3: FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## REASON FOR DROPPING

## PARENT OR GUARDIAN SIGN BELOW

I understand that once this document is submitted your class withdrawal goes into effect on the date written in the box to the right. If you drop a class mid-month you will not receive credits and/ or refunds for the remaining classes in the current session.

WITHDRAWAL

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## You may submit your completed form using one of the following methods:

- Drop the completed form off at our office.
- Email the completed form to [info@ancientcitygymnastics.com](mailto:info@ancientcitygymnastics.com).

*Refund Policy: There are no refunds due to dropping from a class, vacations, schedule changes, illness, etc in the middle of a session.*