



WITHDRAWAL NOTICE

STUDENT NAME(S) _____

PARENT/GUARDIAN'S NAME _____

WHICH CLASS(ES) ARE YOU WITHDRAWING FROM? 1) _____

2) _____ 3) _____

LAST DAY OF CLASS ____ / ____ / 20____

PLEASE CIRCLE THE MONTH YOU WILL NO LONGER BE ATTENDING OUR PROGRAM

JANUARY
MAY
SEPTEMBER

FEBRUARY
JUNE
OCTOBER

MARCH
JULY
NOVEMBER

APRIL
AUGUST
DECEMBER

By signing below, I authorize **SPORTASTIKS GYMNASTICS** to remove my child from the class(es) listed above and to discontinue monthly tuition charges as of the date listed above. I understand **SPORTASTIKS GYMNASTICS** has a thirty (30) day written withdrawal policy. This means the **SPORTASTIKS GYMNASTICS** office **MUST** receive this withdrawal notice thirty (30) days prior to beginning of the next month withdrawal. This is **SPORTASTIKS GYMNASTICS NOTICE OF WITHDRAWAL** policy as stated in your membership agreement. **SPORTASTIKS GYMNASTICS** does not give refunds or credits for classes not attended. Please note that all class changes and / or withdrawals must be made with and confirmed by the office. This policy enables a more efficient billing process and manageability of accurate class enrollment. If a written withdrawal notice has not been received and confirmed by the office, you will continue to be billed until a written notice is received. **VERBAL WITHDRAWALS ARE NOT ACCEPTED.** If you attend any class during our month, you are responsible for the full month tuition. Collection services will be used if fees are not paid in a timely manner.

PARENT / GUARDIAN'S SIGNATURE _____ TODAY'S DATE ____ / ____ / ____

TO BETTER SERVE YOU, PLEASE LET US KNOW WHY YOU ARE WITHDRAWING YOUR CHILD AT THIS TIME. YOUR SATISFACTION IS IMPORTANT TO US! THANK YOU FOR YOUR TIME!

PLEASE CIRCLE A NUMBER	POOR	AVERAGE	GREAT		
CUSTOMER SERVICE	1	2	3	4	5
QUALITY OF CLASSES	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
CLEANLINESS OF FACILITY	1	2	3	4	5
PROFESSIONALISM OF STAFF	1	2	3	4	5

ADDITIONAL COMMENTS
