

# Gold Star

## GYMNASTICS



### Withdrawal Card

Child's Name: \_\_\_\_\_

Class Level: \_\_\_\_\_ Day / Time: \_\_\_\_\_ Last Day of Class: \_\_\_\_\_

I understand that withdrawal notification needs to be submitted by the last class my child is attending.

- I understand that if my child withdraws mid-month, my family will receive a credit to our account or a refund for all classes left in the month that are more than one week after this withdrawal card is received.
- I understand that my child cannot attend Make-Up Classes once he or she has been withdrawn from classes.

Reason for Leaving: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

#### Office Use Only

Computer : _____	<input type="radio"/>	GSG credit: AUTOMATICALLY IF SIB ENROLLED
Main Book : _____	<input type="radio"/>	Partial Refund
Roll Book : _____	<input type="radio"/>	Refund Check : _____

Notes: