

Stanly County Gymnastics Drop Form

Today's Date: _____

Child's Name: _____ **Parent/Guardian's Name** _____

Class(es) to Drop: _____ **Reason for Change:** _____

I hereby give cancellation notice of gymnastics services and understand that I am responsible for all tuition charges up to 30 days from today's date as outlined in the SCG Member Policies section of the Registration Form.

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY:

Previous Draft Amount: _____ **New Draft Amount:** _____

Tuition Due Through: _____ **Authorizing Staff Member:** _____