

S.P.O.R.T. Gymnastics Drop Form

This form must be filled out and turned in one month before the first day of the month you want to drop, or you will be charged for the next month. Example: I want to drop for December. You have to turn in a drop form by November 1st.

Student: _____

Class: _____ Day: _____ Time: _____

Reason for dropping: _____

Will you be returning? Yes No If Yes, when? _____

Parent Name (Printed): _____

Signature: _____ Date: _____

Office Only

Date Received: _____ Month Dropping: _____ Entered in JR: _____

Taken off Autopay: _____ Teacher notified: _____ Written in Roll book: _____