

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

*This form must be filled out and turned in by the 15th  
or you will be charged for the next month.*

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: \_\_\_\_\_