

**THIS FORM MUST BE RECEIVED BY THE 20TH OF THE MONTH
IF YOU WOULD LIKE TO WITHDRAW FROM NEXT MONTH'S CLASSES.**



WITHDRAWAL FORM

TODAYS DATE

FAMILY INFORMATION/ PARENT/ GUARDIAN/ BILLING CONTACT

Parent/ Guardian - First Name _____ Last Name _____

CHILD(REN) INFORMATION

CHILD #1

Name _____ Class Name _____ Day _____ Time _____

CHILD #2

Name _____ Class Name _____ Day _____ Time _____

CHILD #3

Name _____ Class Name _____ Day _____ Time _____

REASON FOR DROPPING CLASS:

If extra space is needed please use back side of this form. If you are satisfied please tell others. If you are not satisfied please tell us.

**SIGN
HERE**

I understand that once this document is submitted to the Power in Motion Office your class withdrawal goes into effect on the date written in the box to the right. If you drop a class mid month you will not receive credits and/ or refunds for the remaining classes in the current month.

WITHDRAWAL DATE

Signature of Parent/Legal Guardian _____ Date _____

You may submit your completed form using one of the following methods:

- Drop the completed form in the drop box at our office.
- Mail the completed form to Power in Motion Gymnastics 3889 M-139 St. Joseph, MI 49085
(Our office must receive this form by the 20th to withdraw from next month's classes.)

Refund Policy: There is no refunds due to dropping from a class, vacations, schedule changes, illness, etc.