



609 393-5855 www.schafergymnastics.com

Withdrawal Form

Withdrawal Form must be received by the 20th of the month prior to the effective withdrawal month.
(ex: April 20th for withdrawal the month of May)

I _____, _____ would like to withdraw _____ / _____
(Parent/guardian full name) (phone number) (student's full name) (age)

from his/her current class: Class _____, Day _____, Time _____

Please withdraw my child from class effective: Month _____

Reason for withdrawal: _____

Parent/guardian signature: _____ Date: _____

Please discontinue automatic payments to my credit card or check account.

I understand that my child's spot in that class is no longer held once I withdraw,

STUDENTS MAY RETURN TO THE PROGRAM AT ANY TIME. REGISTRATION FEE IS GOOD FOR ONE FULL YEAR FROM THE ANNIVERSARY MONTH OF YOUR ORIGINAL ENROLLMENT.

Follow up phone call: _____ Date: _____