



# DROP REQUEST FORM

We are sorry to see you go! Notify us in writing one month before the date we draft your account -- which is always the 20th of the month before the actual class.

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GYMNAST NAME

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CLASS YOU WISH TO DROP

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REQUESTED DATE OF DROP

REASON FOR THE DROP

- Moved
- Lost Interest
- Injured
- Fit with Instructor
- Fit with Class Content
- Other

Your feedback is important to us. Is there anything else you'd like to share about your experience at SGA?

I understand that SGA will process any remaining balance due on my payment method on file.

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PARENT NAME (PRINT)

PARENT SIGNATURE

DATE