



# DROP REQUEST FORM

Drops must be in writing before the 1st of your last month. For example, if you wish to drop a class effective June 1, the drop request should be received no later than May 1.

Unfortunately, we cannot accept verbal drop notices.

**Medical Drops:** For medical situations verified by a written acknowledgment from a licensed medical practitioner, a credit prorated from the date the letter is received by SGA will be issued. We are unable to offer retroactive requests for medical credit at this time.

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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