



# 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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LAST DAY OF CLASS

REASON FOR THE DROP

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Going out of town   | <input type="checkbox"/> Fit with Class Content | <input type="checkbox"/> Moved to another sport |
| <input type="checkbox"/> Injury or illness   | <input type="checkbox"/> Lost interest          | <input type="checkbox"/> Schedule conflict      |
| <input type="checkbox"/> Fit with Instructor | <input type="checkbox"/> Moved                  | <input type="checkbox"/> Too expensive          |

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

PLEASE RETURN THIS FORM IN PERSON OR VIA EMAIL.