

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.

GYMNAST'S NAME

CLASS YOU WISH TO DROP

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 you's like to share about your experience at SGA?

- Please keep my child on waitlists for the future Please remove my child from all waitlists

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

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE

PLEASE RETURN THIS FORM IN PERSON OR VIA E-MAIL