

Indigo Gymnastics Center

Class Withdrawal Form

To withdraw from the class and to be removed from our automatic billing system, please complete the form and return to the front desk **no later than the 20th of each month.**

Student Name: _____ Parent Name: _____

Class: _____ Day: _____ Time: _____

Reason for
Withdrawal: _____

_____ Drop Date: _____

ADMIN: _____ Date: _____

Indigo Gymnastics Center

Class Withdrawal Form

To withdraw from the class and to be removed from our automatic billing system, please complete the form and return to the front desk **no later than the 20th of each month.**

Student Name: _____ Parent Name: _____

Class: _____ Day: _____ Time: _____

Reason for
Withdrawal: _____

_____ Drop Date: _____

ADMIN: _____ Date: _____