DROP CLASS FORM

Indiana Gymnastics Center

RETURN THIS FORM TO THE IGC OFFICE BEFORE THE 1st OF THE MONTH!

Once you are registered in a class, you will be enrolled in our program until we receive this Drop Form in our office. When an office staff member receives the drop form, your child will be un-enrolled from his/her current class and you will no longer be charged tuition from this date on. Please turn in <u>completed</u> form to an office staff member. Form **MUST** be signed by a staff member to be valid.

Student Information:				
Student's FULL Name:		Parent's Name:		
Phone Number:		EMAIL:		
Class Name:	_	Class Day/Time:		
Month the student will become un	n-enrolled:			
Reason for Dropping:				
☐ Lost interest in gymnastics ☐	Conflict with Ins	tructor Participating in another activ	vity	
☐ Scheduling conflict ☐ Seaso	nal 🗖 Illness/Ir	njury 🗖 Finances 📮 Other:		
We want to thank you for your time a FRONT OF YOU.	and participation at	Indiana Gymnastics Center. PLEASE BE SU	JRE A STAFF MEMBER SIGN	NS THIS FORM I
Parent/Guardian Signature	Date	Witness Staff Signature	Date	
		CUDENT'S REGISTRATION FORM AFTER DRO ackrabbit, by:		
	, , ,	Staff member	Date and Time	