

Desert Thunder Gymnastics

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WITHDRAWAL FORM

Date of Last Class: _____ Home Phone ____-____-_____

Parents Name _____ Cell Phone: ____-____-_____

Student's Name	Class Name	Day(s)	Time

Reason for Withdrawing

Moving Schedule Conflict Medical

Other (please explain): _____

Comments: _____

Parent Signature

Date

-----For Office Use Only-----

Date Received: _____

Received by(signature) _____

Date Completed

Initials

Cancelled From Classes		
Removed From Autopay		