

THIS FORM MUST BE RECEIVED BY THE 15TH OF THE MONTH
TO WITHDRAW FROM THE NEXT MONTH'S CLASSES

WITHDRAWAL FORM



TODAY'S DATE

FAMILY INFORMATION / PARENT / GUARDIAN / BILLING CONTACT

Parent / Guardian First Name _____ Last Name _____

CHILD(REN) INFORMATION

CHILD #1

Name _____ Class Day M Tu W Th Fr Sat Class Time ____:____ AM PM

CHILD #2

Name _____ Class Day M Tu W Th Fr Sat Class Time ____:____ AM PM

CHILD #3

Name _____ Class Day M Tu W Th Fr Sat Class Time ____:____ AM PM

REASON FOR DROPPING CLASS

If extra space is needed, please use the back of this form.

SIGN HERE

I understand that once this document is submitted to Branch Gymnastics & KidsSports USA I will be withdrawn from classes. My last day of active enrollment will be the date written in the box to the right. If this withdrawal form is not received by the 15th of the month, I will still be responsible for the next month's tuition, even though I have withdrawn from class.

WITHDRAWAL DATE

Signature of Parent / Legal Guardian _____ Date _____

You may submit your completed withdrawal form using one of the following methods:

- Drop your completed form off at the front desk
- Email your completed form to Tricia at treichel.branchgym@gmail.com
- Mail to Branch Gymnastics & KidsSports USA

Branch of Battle Creek
393 Helmer Road North
Battle Creek, MI 49037



KidsSports USA of Kalamazoo
6712 Financial Parkway
Kalamazoo, MI 49009