



CLASS DROP REQUEST

Family Information

Parent/Guardian First Name: _____ Last Name: _____

Participant Information

Participant Name: _____ Class Name _____ Day _____ Time _____

Reason for dropping class: _____

If extra space is needed please use back side of this form. If you're satisfied please tell others. If you're not satisfied please tell us.

Signature: _____ Date: _____

I understand that once this document is submitted to the Infinity Gymnastics Academy my class drop request goes into effect immediately. If I drop a class mid month I will not receive credits and/or refunds for the remaining classes in the current month. I may wish to complete the remaining classes in the current month and turn in my drop request after the last class of the month. If I decide to cancel a class before it begins I understand that Infinity Gymnastics Academy does not issue cash refunds.

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

- Fax the completed form to (810) 229-4998
- Drop the completed form in the drop box by the front desk
- Mail the completed form to Infinity Gymnastics Academy, 12420 E. Grand River, Brighton, MI 48116

We will not accept:

- Emailed drop requests
- Telephone drop requests
- Verbal drop requests at the desk

Rec'd By Office Staff Signature _____

Date _____



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