

## TEAM AND PRE-TEAM PRACTICE SCHEDULE CHANGE

Please complete the following and return to the office.

Gymnast Name: \_\_\_\_\_ Level: \_\_\_\_\_

Currently practicing \_\_\_\_\_ days. Changing practice to \_\_\_\_\_ days, effective \_\_\_\_\_.  
(number) (number) (date)

Days:

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

No fee adjustments will be made retroactively.

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