



Withdrawal Request Form

Date: _____

Family Information

Parent/Guardian First Name: _____ Last Name: _____

Student Information

Student Name: _____ Last Name: _____

Class Information

Class Name: _____ Class Day: _____ Class Time: _____

Student's last day will be: _____

Reason for withdrawing from class (required): _____

I have read and understand the following:

- Withdrawal requests must be submitted 10 days before the end of the month. If you fail to submit this form in time, you will be charged and therefore enrolled in the upcoming month.
- If you withdraw from a class mid-month, you will not receive credits and/or refunds for the remaining classes in the current month.
- You are welcome to return at any time but are not guaranteed a spot in the same class with the same instructor.

Please submit this form using one of the following methods:

- Hand the completed form to a secretary at the front desk. Please do not use the payments box.
- Mail the completed form to Prairie Gymnastics Club – 1241 N. Raddant Rd, Batavia, IL 60510 (form must be received 10 days before the end of the month).

Parent/Guardian Signature: _____ Date: _____

Received By (Office Signature): _____ Date: _____