

Office Only

Effective as of ____/____/____
(mm)/(dd)/(yyyy)

Dropped from Class (check box)

Dropped from Auto Pay (check box)



Class Transfer/Drop Form

I am informing Dynamics Gymnastics that I am dropping my student(s) from class, or increasing/decreasing the hours my student(s) is/are in the gym. I understand that if I am on auto pay and dropping after the **25th of the month**, I will still be charged for the following month.

After dropping, your student(s) will be ineligible to do any make up classes and there are

NO REFUNDS, DISCOUNTS, or PRORATING.

Parent/ Name on Autopay: _____

Student(s) Name(s): _____

ADD or SUBTRACT HOURS (Please circle which one!)

Current Hours: _____

Current Monthly Tuition: \$ _____

New Hours: _____

New Monthly Tuition: \$ _____

Drop Please select one

Drop All Students On Account

Drop Partial Auto pay (select if dropping One Student only, or split family with multiple auto accounts).

Current Tuition: _____

New Tuition: _____

Are you on Auto Pay? (Circle one) Yes or No

If yes: Bank or Credit Card / Debit Card

Is this a permanent change? Yes or No

Notes: _____

Signature of Parent/Guardian _____ **Date:** _____

Staff Initials _____