

Office Only

Effective as of ____/____/____
(dd)/(mm)/(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: _____

Student(s) Name(s): _____

Transfer (Add or subtract hours)

Current Class, Day, and Time: _____

New Class, Day and Time: _____

Current Monthly Tuition: \$_____ New Monthly Tuition: \$_____

Drop Only This Student

Drop All Students on Account

Drop All Auto Pay

Drop Partial Auto Pay

Class, Day, and Time: _____

Student is dropping because: _____

New Monthly 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

Signature of Parent/Guardian _____ Date: _____

Staff Initials _____