



All American Gymnastics

Team Student Withdrawal Form

*Note: A written and paid 4 week notice must be given before discounting classes.

STUDENT'S LAST NAME	FIRST NAME	TODAY'S DATE
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STUDENT'S LAST NAME	FIRST NAME	DATE OF LAST CLASS
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PARENT'S LAST NAME	FIRST NAME	EMAIL
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CLASS NAME:	COACH: _____
CLASS DAY(S) (PLEASE CIRCLE): MON TUES WED THURS FRI SAT	
TIME(S): _____	

CLASS NAME:	COACH: _____
CLASS DAY(S) (PLEASE CIRCLE): MON TUES WED THURS FRI SAT	
TIME(S): _____	

REASON FOR TAKING A BREAK?

SATISFACTION: 1 = POOR; 5 = EXCELLENT

CURRENT COACH: 1 2 3 4 5 CHILD'S PROGRESS: 1 2 3 4 5 CUSTOMER SERVICE: 1 2 3 4 5

WE ARE SORRY TO SEE YOU GO! Any suggestions on how we could improve your All American experience?

Parent Signature

Date

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