



DROP REQUEST FORM

Parent/Guardian Name: _____

Email Address for Drop Confirmation: _____

Participant Information:

1st Participant Name: _____ Class Name: _____ Day: _____ Time: _____

2nd Participant Name: _____ Class Name: _____ Day: _____ Time: _____

3rd Participant Name: _____ Class Name: _____ Day: _____ Time: _____

4th Participant Name: _____ Class Name: _____ Day: _____ Time: _____

Reason for dropping class:

If you are satisfied, please tell others. If you are not satisfied, PLEASE TELL US!

Signature: _____ Date: _____

I understand that this document must be submitted to the A Plus Gymnastics Center main office by the 25th of the current month for it to take effect by the following month. I understand that if I do not receive a confirmation by the 28th of the month it is my responsibility to follow up with A Plus but not prior to this date. I understand that if my Drop Request Form is not received by the 25th of the current month, I will be charged the following month's tuition. I further understand that if I withdraw my student(s) prior to the end of the month, A Plus does not issue credits or refunds of any kind for this.

You may submit your completed form using one of the following methods:

- Drop the completed form off to the A Plus front desk
- Fax the completed form to (317) 773-8966
- Mail the completed form to 9625 E. 150th Street. Noblesville, Indiana, 46060.
- Email the form to customerservice@aplusegymnastics.com