

## THIS FORM MUST BE RECEIVED BY THE 20TH OF THE MONTH IF YOU WOULD LIKE TO WITHDRAW FROM NEXT MONTH'S CLASSES.

WITHDRAWAL FORM:			
TODAYS DAT	ΓE:		
FAMILY INFO	DRMATION/ PAREN	IT/ GUARDIAN/ BILLING CONTACT	
Parent/ Guar	dian:		
First Name			
Last Name			
CHILD(REN)	INFORMATION		
CHILD #1 Name		Class Name	
Day	Time		
CHILD #2 Name		Class Name	
Day	Time		
CHILD #3 Name		Class Name	
Day	Time		

## **Dominique Moceanu Gymnastics Center**

| 734 N. Progress Drive | Medina, Ohio 44256 | 330-952-2767 | info@dmgc-usa.com www.DominiqueMoceanuGymnasticsCenter.com

REASON FOR DROPPING CLASS:
If extra space is needed please use back side of this form. If you are satisfied please tell others. If you are not satisfied please tell us.
I understand that once this document is submitted to the Dominique Moceanu Gymnastics Center (DMGC) your class withdrawal (AKA: WITHDRAWAL DATE) goes into effect on the date written in the box to the right. If you drop a class mid month you will not receive credits and/or refunds for the remaining classes in the current month.
Signature of Parent/Legal Guardian
Date

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

- Drop the completed form with our secretary 8:00am-5:00pm M-F at our office.
- Mail the completed form to: Dominique Moceanu Gymnastics Center 734 N. Progress Drive Medina, Ohio 44526. Our office must receive this form by the 20th to withdraw from next month's classes.

**Refund Policy:** There are <u>no refunds</u> due to dropping from a class, vacations, schedule changes, illness, et cetera.