

Jersey Jets Gymnastics Drop Class Form

By dropping the class below, Jets Gymnastics cannot guarantee a spot in this class or any other class due to current high enrollment.

Child's Full Name: _____

Day: _____ Time: _____ Teacher: _____

Do they come a 2nd day? _____ Are you dropping that class also? _____

Reason: _____

Date of your last class: _____

Do we need to drop your credit card from auto-pay? _____

Parents Signature: _____ Date: _____

This form must be presented to desk 1-week prior to withdrawing.

(Desk only) Payment Group: _____ Inactive: _____

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