

Airborne Gymnastics

Cancellation Form

My child _____ will not be returning to his/ her class beginning the month of _____.

Today's Date ____/____/____ Last Date Attending ____/____/____

Class name _____ Day/Time _____

***Please turn in this form at least 1 week prior to the previous month's end to avoid being billed for the following month.**

Are you on **Auto-Pay?** YES NO **Cards on Auto-pay will be removed upon cancellation for security purposes.*

Please let us know your reason for cancellation:

_____.

Print Name _____

Parent Signature _____

Airborne Initials _____