



11821 S. Orange Blossom Trail, Suite A
Orlando, FL 32837
P. 407.850.4123
F. 407.850.4302

*****NOTIFICATION OF WITHDRAWAL*****

Member Name: _____ **Class Day & Time:** _____

Please rate us on a scale of 1 – 5, with **5 being the best possible score.**

Customer Service	1	2	3	4	5
Quality of classes	1	2	3	4	5
Availability of times of classes	1	2	3	4	5
Your child’s enjoyment of classes	1	2	3	4	5
Cleanliness of facility	1	2	3	4	5
Professionalism of staff	1	2	3	4	5

To better serve you, please let us know why you are withdrawing your child at this time. Your satisfaction is important to us! Thank you for your time! (Use the back if necessary).

For all monthly programs, I understand that this notice must be given by the 15th of the month prior to my child’s withdrawal. I understand that this notice must be given with 45-days notice if I would like to use my last month deposit. For weekly programs (after school and camp), I understand this notice must be given by the Monday 2-week’s prior to my child’s withdrawal (14-days notice). **Verbal withdrawal is not accepted.**

I agree to pay the monthly/weekly fee if I do not give notice on time.

My child’s last day of class (based on the Orlando Gymnastics calendar): _____

Parent Signature: _____ **Today’s Date:** _____

For office use only:	
Use Last Month Deposit _____	Leave Last Month on File _____
Initials _____	