



11821 S. Orange Blossom Trail  
 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).

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I understand that this notice must be given by the 15<sup>th</sup> of the month prior to my child's withdrawal for gymnastics or tumbling programs and by Friday of the week prior to my child's withdrawal for after school or camp programs. *Verbal withdrawal is not accepted.* I agree to pay the monthly/weekly fee if I do not give notice on time.

I will be withdrawing my child effective: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_