

**Gymnastics Unlimited Class Drop Request
Family Information / Parent / Guardian / Billing Contact
Parent/Guardian First Name: -**

_____ **Last Name:**

Student Information

1st Student Name:
_____ **Class Name**
_____ **Day** _____ **Time** _____

2nd Student Name:
_____ **Class Name**
_____ **Day** _____ **Time** _____

3rd Student Name:
_____ **Class Name**
_____ **Day** _____ **Time** _____

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.

Signature:

_____ **Date** _____

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

- Fax the completed form to (908) 782-1846**
- Drop the completed form at our front desk.**
- Mail the completed form to Gymnastics Unlimited, 2 Lilac Drive, Flemington, NJ 08822 908-782-8887**