

## Class Drop/Change Request

Parent/Guardian Last Name:		First Name:				
I am currently enrolled in auto-pay:		YES	_	NO		
	g a 2nd class hing to a different class			opping from ALL class opping from 1 class	ses	
Reason for dropping (we valu	•	•	ur program):			
Other sport/activ Other (please explain):		Financial		Moving	Maturity	
	e satisfied, please tell others.	. If you are not	satisfied, please t	ell us so we can improv	e)	
Participant's Name:						
Current Class:  Current Class Tuition:	New Class (if applicable):  New Class (if applicable):					
X Signature:						
I understand that once this docum If you drop a class, you will not rec submittal of this form. For example	eive credits &/or refunds for th	ne remaining clas	ses. You are respo	onsible for the 30 days tui	-	
TUITION PAYMENT/BILLING INFOR tuition, I am continuously enrolled drop request. This document may submit a drop request at any time.	in this program & I will incur re be obtained from the Phenom	ecurring monthly Business office. I	tuitin charges on f I'm dropping a cl	my account until I submit ass (with recurring month	a Phenom class lly tuition), I can	
Scale 1-5 (1=U) Your child's instructor?	nsatisfactory 5=Outstand 1 2 3 4 5 Overall Experience		Customer serv		ce with: 1 2 3 4 5	
**Just a remi	nder, any prorated tuitio	n will be proc	essed when 30	day written notice is	given	
Office use only:						
Completed by:	Date:			<u>Tuition tota</u>	<u> :</u>	
Phenom Gymnastics	122 Kirk	land Circle Os	wego, IL 60543		630.375.0055	