



Membership Withdrawal Form

Parent/Guardian Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Reason for Withdrawal: _____

Today's Date: _____ Withdrawal Effective Date: _____

(30 days from today's date)

I, _____, would like to cancel my membership with Gravity Gymnastics. **Withdrawal of membership will be effective in thirty days from today's date.** I must continue to pay my Monthly Fee until the Withdrawal Effective Date.

By signing this withdrawal form your membership will become inactive and your benefits will not longer apply.

If you would like to join Gravity Gymnastics some time in the future, enrollment fee will be assessed.

1st Child Information:

Last Name: _____ First Name: _____

Sex: _____ Date of Birth: ____/____/____ School he/she attends: _____

2nd Child Information:

Last Name: _____ First Name: _____

Sex: _____ Date of Birth: ____/____/____ School he/she attends: _____

3rd Child Information:

Last Name: _____ First Name: _____

Sex: _____ Date of Birth: ____/____/____ School he/she attends: _____