



CLASS DROP FORM
(We require a 30-day notice in writing)

Parents Name: _____ DATE _____

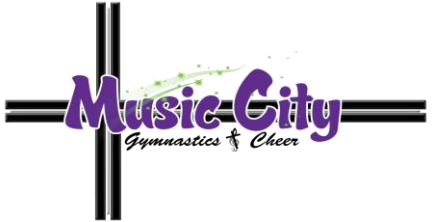
Child Name: _____

Class Name: _____

Class Day/Time: _____

Thank you for letting Music City Gymnastics coach your child. In efforts to better serve our students/parents please express your reason for dropping the class (optional):

PARENT SIGNATURE: _____ DATE: _____



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