



# Downriver Gymnastics



13777 Eureka Rd. Southgate, MI 48195  
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## REQUEST TO WITHDRAW

I would like to unenroll the student(s) list below from the class(es) listed below. I give my consent to withdraw the below named student from automatic billing. I understand that this form must be submitted PRIOR to the first day of the month in order for my enrollment to be cancelled. If this form is submitted AFTER the 30th of the month, I understand that I will be charged for the entire month.

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name	1) _____	Class(es):	_____
	2) _____		_____
	3) _____		_____

Reason for withdraw: \_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

In order for the submission to be complete, this form must be:

- 1) Turned into the office in person.
- 2) Faxed to (734)284-4413
- 3) Mailed to 13777 Eureka Rd. Southgate, MI 48195

The student(s) listed below have been unenrolled from the classes listed below and automatic billing has been stopped effective \_\_\_\_\_.

Student Name	1) _____	Class(es):	_____
	2) _____		_____
	3) _____		_____

\_\_\_\_\_  
Authorized DG Staff Name (Please Print)

\_\_\_\_\_  
Authorized DG Staff Signature