CLASS CHANGE / CLASS EXIT

>> PARTICIPANT:

_____

Name of Child/Participant:

>> CLASS(ES) **TO EXIT:** **>> EFFECTIVE DATE:** _____

Class	Duration	Day	Time	Cost/Mo.

Reason for cancellation: _____

Leaving? *We're sorry to see you go! If you would like to discuss your decision or consider an alternate class, please see us at the front desk.* ***Please note:*** *classes cancelled mid-month will not be refunded. All associated upcoming contracts and payments will be cancelled by submitting this signed form.*

>> CLASS(ES) **TO ADD:** (if applicable): **>> EFFECTIVE DATE:** _____

Class	Duration	Day	Time	Cost/Mo.

Note: *If you are changing to a class (or classes) of different duration, you are agreeing to being billed at a new rate.*

>> PARENT / GUARDIAN:

_____

Name of Primary Paying Party

_____ _____

Signature *Date*

INVERSION LAKE TAHOE GYM TRAMPOLINE | ACROBATICS | GYMNASTICS