Triple T Sports Center

OFFICE USE ONLY:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_

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

Removed from class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

619 E. Constance Rd

Suffolk, VA 23434

(757)923-5150

tttgym@gmail.com

CLASS WITHDRAWAL FORM

Withdrawal Form must be received 2 weeks prior to removal. (Example: April 15th for withdrawing as of May)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(parent/guardian full name) (phone number)

would like to withdraw \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_,

(student’s full name) (age)

from his/her current class: Class/Level \_\_\_\_\_\_\_\_\_\_, Day \_\_\_\_\_\_\_\_, Time \_\_\_\_\_\_\_.

Please discontinue automatic payments to my Credit Card or Debit Card.

Please withdraw my child from class effective: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STUDENTS MAY RETURN TO THE PROGRAM AT ANY TIME. REGISTRATION FEE IS GOOD FOR ONE FULL YEAR FROM THE ANNIVERSARY MONTH OF YOUR ORIGINAL ENROLLMENT.

TRIPLE T SPORTS CENTER ● 757-923-5150 ● www.tttgym.com