



360 GYMNASTICS EFT CANCELLATION FORM

I _____ the parent of _____, understand according to 360 Gymnastics Policies, that I may only cancel my AutoPay for the next month by filling out this form by the 10th of the current month.

With consideration of the date of this notice, my child will be enrolled through the end of _____(month).

*****360 GYMNASTICS DOES NOT REFUND FOR MISSED CLASSES.
*****ALL MAKEUPS HAVE TO BE DONE WHILE YOUR CHILD IS CURRENTLY ENROLLED.

Class Day and Time_____

Please check which best describes your reason for cancellation:

Other activity () moving () scheduling problems ()

other_____

Not satisfied with program? Would you like to speak with someone about your concerns? (Y / N)

Would you like to give 360 Gymnastics any feedback?

Customer Signature_____ Date_____

Authorized 360 Signature_____ Date_____