

Member Name: _____
Parent's/Guardian's Names: _____
Account Number: _____

Authorization for Monthly Classes to be Terminated

Member's Name(s): _____
Parent / Guardian's Name: _____
Class Type: Boy's Cheer Dynamite Girl's Gym Tot HomeSchool Parent Tot Team Tumbling
Last Day of Class: ____ / ____ / 20____
Class(es) Enrolled In: _____
Current Account Balance: \$_____.____
Electronic Funds Transfer Ending Date: ____ / ____ / 20 ____ or N/A ____

We are always looking to improve our program. To better serve you, please let us know why you are withdrawing your child at this time. Your satisfaction is important to us! Thank you for your time!

Please circle a number (1 = Unsatisfactory, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Great):

Customer Service	1	2	3	4	5
Quality of Classes	1	2	3	4	5
Times of Classes	1	2	3	4	5
Child's Enjoyment of Classes	1	2	3	4	5
Facility Cleanliness / Appearance	1	2	3	4	5
Professionalism of Staff	1	2	3	4	5

Additional Comments: _____

By signing below, I authorize North Florida Gymnastics and Cheerleading, (hereinafter referred to as NFGC) to remove my child from the class(es) listed above and to discontinue monthly tuition charges as of the date listed above. NFGC has a 30 day written withdrawal policy. This means the NFGC office MUST receive this withdrawal notice by the 1st of the month prior to the month of withdrawal. This is NFGC's **NOTICE OF WITHDRAWAL** policy as stated in your membership agreement. NFGC does not give refunds or credits for classes not attended. Please note that all class changes and / or withdrawals must be made with and confirmed by the office. This policy enables a more efficient billing process and manageability of accurate class enrollment. If a written withdrawal notice has not been received and confirmed by the office, you will continue to be billed until notice is received. **VERBAL WITHDRAWALS ARE NOT ACCEPTED.** If you attend any class during our calendar month, you are responsible for the full months fees. (Please note the difference in our calendar months.) Collection services will be used if fees are not paid in a timely manner.

_____, I, the undersigned, agree to abide by the above mentioned Withdrawal Policy. pay said monthly tuition on or before the 1st of each month. In the event that the said amount is not received on or before the 1st of the month, I also agree to pay a \$10.00 late fee.

_____, I, the undersigned, understand that the above mentioned account will need to be paid in full under my current contract until this Withdrawal Policy goes into affect on the above mentioned date. In the event that the said amount is not received on or before the 1st of the month, I also agree to pay a \$10.00 late fee.

Parent / Guardian's Signature: _____ Date Signed: ____ / ____ / 20____

Authorized NFGC Signature: _____ Date Received: ____ / ____ / 20____

_____, I, the undersigned, acknowledge that I have received a signed copy of this withdrawal form, and will abide by it's policies and procedures. **(Do not sign until you have received your copy of this form).**

Office Use Only: Computer: ____ Roll Sheet: ____ Automatic Debit: ____ Ledger: ____
Date Completed: ____ Employee Initial: ____ Copy Received: ____