GMS GYMNASTICS WITHDRAWAL DATA SHEET

This form must be completed if you plan on withdrawing from any GMS Gymnastics classes

GMS Gymnastics
7226 New Market Ct.
Manassas, VA 20109
Phone: 703.369.7800 Fax: 703.361.1906
www.GMSKids.com

Please Print Information Clearly

Date: __________
Name: ____________________________
Address: ___________________________
City/State/Zip Code: _________________________________
Withdrawal Effective Date: _____________
Email: ______________________

_____Pre-School Alpha
_____Pre JOP
_____Cheer-Tumbling
_____Beta 1-3
_____Girls Pre-Team
_____All-Stars
_____ Hot-Tots
_____Alpha 1-3
_____J.O.P
_____Boys Rec.
_____ Gamma 1-3
_____Girls/Boys Team

INDICATE REASON(s) FOR WITHDRAWING FROM GMS GYMNASTICS

Check all that apply:

_____Achieved personal goals
_____Need a break from gymnastics
_____Lost interest
_____Moving out of the area
_____Gymnastics conflicts with work
_____Illness
_____Other
_____Transferring to another gymnastics facility
_____Doing other sports
_____Dissatisfied with the quality of teaching
_____Dissatisfied with the learning environment and management
_____Financial reason(s)
_____Personal/family reasons

Comments:____

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I understand my credit card on file will be charged for all outstanding tuition and/or other charges which have not been paid prior to the above withdraw date.

Signature:________________________________ Printed Name:___________________________________

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For office use:
Date of withdraw:_______ Amount Due:_______ Amount Charged:_______ Service:_______