

Withdrawal Form

197 Kinetic Dr, Huntington, WV 304-523-4267 ampgymnastics1@yahoo.com

THIS FORM MUST BE RECEIVED BY THE <u>20TH OF THE MONTH</u> IF YOU WOULD LIKE TO WITHDRAWAL FROM NEXT MONTH'S CLASSES.

After completing the withdrawal form, your athlete may finish the current month. However, There

PARENT/GUARDIAN FULL NAME:		Date:	
CHILDREN INFORMATION:			
CHILD #1			
Name:	Class Name:	Day:	Time:
CHILD #2			
Name:	Class Name:	Day:	Time:
CHILD #3			
REASON FOR DROPPING CLA	SS:		
If extra space is needed, plea	se use back side of this form. If you	are satisfied with AMP	Athletics, please tell
understand that once this	document is submitted to AMP Ath	nletics office, your clas	S Withdrawal Date
withdrawal goes into effect of	n the date written in the box to the r re credit and/or refunds for the rema	right. If you drop a clas aining classes in the	s

Please submit this completed form using one of the following methods:

- Turn in the completed form at the front desk of AMP Athletics or
- Mail the completed form to AMP Athletics, 197 Kinetic Dr, Huntington, WV 25701