

NOTICE OF CANCELLATION (DROP)

I, _____, hereby notify Rising Star
Gymnastics Center that I wish to drop my child, _____
from the class held (days) _____ at (times) _____.
Circumstances or reason for dropping: _____
_____.

I understand that in order to register my child again at Rising Star gymnastics, full registration and tuition charges will apply.

Last Class Date _____

Parent Signature

Date

Rising Star Gymnastics Staff Member

Date

Cancellation Number



RECEIPT OF CANCELLATION (DROP)

Student Name _____

Rising Star Gymnastics Staff Member

Date