



WITHDRAW NOTICE

This WITHDRAW is made as of _____(Date), by

_____ (Name of Person Requesting).

I understand and acknowledge the withdraw policy for the program in which my child is enrolled. Additionally, I acknowledge that any **unpaid balances are due in full at time of withdraw** and agree to pay any additional fees incurred by Gym Like This! in the attempt to clear my account.

*Competitive Team Withdraw: Requires 30-day notice

*Additional Competitive Team "Optional Programs": Withdraw before the 15th of current billing cycle.

*Year-Round program: Requires withdraw prior to the processing monthly billing.

Student (Printed Name)	Withdraw Date	Program / Class Day & Time	Reason

Please withdraw / add my child/children from Gym Like This! Program(s) as indicated above. I understand my fees will be adjusted accordingly.

Parent Signature: _____ Date: _____

To be completed by GLT personnel:	Client ID# _____
Received by: _____	Fee(s) adjusted: _____ Date: _____
Account Balance if any: _____	Recurring payments cancelled on: _____

