



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. I understand that no refunds or credits will be applied after monthly payment processing has occurred.

*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 of the monthly billing.

| Student (Printed Name) | Withdraw Date | Program / Class Day & Time | Reason |
|------------------------|---------------|----------------------------|--------|
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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: _____ Drop Date: _____

Account Balance if any: _____ Recurring payments cancelled on: _____

