



## 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. See below for details

\*Competitive Team Withdraw: **Requires 30-day notice**

\*Additional Competitive Team "Optional Programs": **Withdraw before the 20th<sup>th</sup> of current billing cycle.**

\*Year-Round program: **Requires withdraw PRIOR to the processing the 25<sup>th</sup> of each month.**

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. Remit form to our Hospitality Desk or email to [glt@gymlikethis.com](mailto:glt@gymlikethis.com).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by GLT personnel:*     **Date Received:** EMAIL \_\_\_\_\_ COUNTER \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Drop Date:** \_\_\_\_\_ **Emailed Conf.** \_\_\_\_\_

Fee(s) adjusted: \_\_\_\_\_ Account Balance if any: \_\_\_\_\_ Recurring payments cancelled on: \_\_\_\_\_