

PIT Gymnastics Membership Cancellation Form

This Cancellation Form in accordance with PIT Gymnastics policies, will be accepted as the two weeks written cancellation notice of a child's enrolment.

Parent/Guardian Full Name _____

Email Address _____

Phone Number _____

Gymnasts Full Name: Child 1 _____

Gymnasts Full Name: Child 2 _____

Please note that PIT Gymnastics does not refund for missed classes and that all make up classes must be organised while your child is still enrolled.

Child 1- Class Day _____

Child 1 Class Time _____

Child 2- Class Day _____

Child 2 Class Time _____

I understand that my child/children will hold a spot in the class and it will be ongoing and only expire at the end of the payment cycle (monthly or Term cycle) upon the office receiving this Membership Cancellation Form 14 days prior to the end of the payment cycle. Once the office has received this form you will be notified of the date of your child's last class.

Please check which best describes your reason for class cancellation:

Other Activity Moving Scheduling Problems Other

If you've selected other, please explain:

Please take the time to provide us with any additional feedback you have:

Customer Signature _____ Date _____

PIT Gymnastics Staff Signature _____ Date _____