

PIT Gymnastics Membership Cancellation Form

Please be advised that this Cancellation Form is in accordance with PIT Gymnastics policies. I acknowledge that my child/children's spot in the class will be held continuously and will only terminate at the end of the current monthly payment cycle once this form is received. To ensure that your cancellation is processed in time, this form must be received by the office at least 14 days before the end of the payment cycle.

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 _____

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 _____