

Drop Request

This form is due **2 weeks** prior to the start of the month for which you would like to drop in order to ensure that your account will not be automatically debited.



Student's Name(s): _____
Class Day/Time: _____ Coach(s): _____

**Today's date is _____ which is at least 2 weeks before
the month of _____ for which we are
requesting to drop classes.**

Your input is important, please let us know why your child is dropping: _____

Guardian Name: _____ Signature: _____

OFFICE USE ONLY

Date Received: _____ Received by: _____ Entered: _____

www.bayislandgymnastics.com (510) 533-3939 3775 Alameda Ave. Ste. E, Oakland, CA 94601 bigym@aol.com

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