



TUMBLEBEES ULTIMATE GYM – ENROLLMENT CANCELLATION FORM

Parent/Guardian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone1: _____ Phone2: _____

Student1: _____ Birth Date: _____

Class/Coach: _____

Student2: _____ Birth Date: _____

Class/Coach: _____

Student3: _____ Birth Date: _____

Class/Coach: _____

REASON FOR CANCELLATION

- | | |
|--|---|
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Unable to utilize enough | <input type="checkbox"/> Scheduling conflict |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Displeasure (Please explain below) |
| <input type="checkbox"/> Pursuing other activities | <input type="checkbox"/> Other (Please explain below) |

Comments:

I hereby resign my child(ren)'s enrollment at Tumblebees Ultimate Gym. I understand that (a) the cancellation date from the class shall be on the first day of the upcoming month after this written cancellation form is received by Tumblebees; (b) my child is able to attend class up until the cancellation date; and (c) all fees, tuition, or other amounts due are to be paid in full upon turning in this written cancellation form.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Terminated: _____

Staff: _____

Staff: _____