

ACADEMY of Gymnastics and Dance

30 Day - Notice Form

Date: _____

STUDENT INFORMATION:

Last Name:	First Name:
Discipline:	

Parent Name: Phone Number: _____

Gymnast(s) Name(s): Class: _____

Date of Last Class: Coach: _____

Reason For Dropping: _____

Suggestions: _____

Satisfaction (1=worst; 10=best) with:

Current Coach: 1 2 3 4 5 6 7 8 9 10

Child's Progress: 1 2 3 4 5 6 7 8 9 10

Customer Service: 1 2 3 4 5 6 7 8 9 10

Parent Signature Date: _____

Received By Signature: _____