



Redwood Empire Gymnastics Drop Card

My child(ren)'s last date of class will be _____. I realize that my membership
(if applicable) will expire if I do not return within six months from the date listed above.

1)	Child's Name	Day & Time of Class	Reason for Dropping
2)	Child's Name	Day & Time of Class	Reason for Dropping
3)	Child's Name	Day & Time of Class	Reason for Dropping

Parent Name (please print): _____

Signature: _____ Date: _____

For Office Use Only: Date Rc'd _____ Rc'd by: _____ Roll Book _____ Computer _____ Date Comp. Completed _____
Refund Req: Y N EFT Credit _____ Date Completed _____ Completed By _____ Scanned _____