



RECREATIONAL PROGRAM

2018-2019

# CLASS WITHDRAWAL REQUEST

*Please print the following information:*

**Person authorizing class withdrawal:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

**Withdrawal from Class:**

I understand that 30 day advance written notice is required to terminate enrollment for any reason and I am responsible for payment of full tuition through that period.

I also understand that withdrawal forfeits my students space in class.

**Please withdraw the following student(s) from the class(es) listed below:**

**Participant(s):**

1. Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Effective Date: \_\_\_\_\_

2. Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Effective Date: \_\_\_\_\_

3. Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Effective Date: \_\_\_\_\_

4. Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_