



OFFICIAL DROP SLIP

Please fill out the entire form and return to the front desk.
Thank You!

****REMINDER: The drop form needs to be filled out, signed, and turned in NO LATER THAN the first day of the students last full month in class****

Date: _____ Last month attending: _____

Student's Name: _____

Phone Number: _____

Program student is enrolled in (please circle):

Parent/Child Gymkids Adv. Gymkids Little Gems

Girls Rec Girls Rec 9-12 Girls Rec 12+ Boys Rec

Tumble Tramp

Warrior Fitness

Team : XCEL _____ DEVO _____ T & T

GIRLS LEVEL _____ BOYS LEVEL _____

Day and time of class: _____

Reason for dropping: _____

Parent's signature: _____

APEX STAFF USE: Please initial when step is completed.

REG. BOOK _____ ICLASS _____ CONFIRM SENT _____

IF TEAM - Removed from Rosters _____ Keywords _____

Siblings Enrolled? Y or N Removed from Spot TV _____