THIS FORM MUST BE RECEIVED BY THE 20TH OF THE MONTH IF YOU WOULD LIKE TO WITHDRAW FROM NEXT MONTH'S CLASSES.

WITHDRAWAL FORM



			TODAYS DATE
FAMILY INFORMATION/	PARENT/ GUARDIAN/ BILLIN	G CONTACT	
Parent/ Guardian - First Name		Last Name	
CHILD(REN) INFORMATI	ON		
CHILD #1			
Name	Class Name	Day	Time
CHILD #2			
Name	Class Name	Day	Time
CHILD #3			
Name	Class Name	Day	Time
REASON FOR DROPPING If extra space is needed please use	b CLASS: back side of this form. If you are satisfied plea	ase tell others. If you are not satisfied plea	ase tell us.
goes into effect on the da	is document is submitted to the Power te written in the box to the right. If you funds for the remaining classes in the c	drop a class mid month you will no	
Signature of Parent/Legal	Guardian	Date	

You may submit your completed form using one of the following methods:

- Drop the completed form off at the front desk.
- Mail the completed form to Power in Motion, 3889 M-139 St. Joseph, MI 49085 (Our office must receive this form by the 20th to withdraw from next month's classes.)

Refund Policy: There is no refunds due to dropping from a class, vacations, schedule changes, illness, etc.