

RESIGNATION CARD – SUMMIT ACADEMY OF GYMNASTICS

Student's Name \_\_\_\_\_

Class (Day & Time) \_\_\_\_\_

Last day attending class \_\_\_\_\_

Reason for resignation \_\_\_\_\_

Balance due \_\_\_\_\_ Phone \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_ Thank you

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Office use:

\_\_\_\_\_ Computer \_\_\_\_\_ Book \_\_\_\_\_ Attn chart \_\_\_\_\_ Inst