



Withdraw Form

PLEASE PRINT CLEARLY

8175 S Grant Way Littleton CO 80122
303.703.8199 Fax # 720.283.0515
ActiveAthletics.net
Email ActiveAthletics@comcast.net

Thank you for participating in the programs at Active Athletics. Per the rules and policies you accepted at the time of your child's enrollment this form must be completed and turned into our office two weeks prior to the end of the session. Withdraw forms received after the deadline date will be subject to the payment for the upcoming session. Furthermore Active Athletics does not offer refunds should you terminate your enrollment in the middle of a session.

Family Last Name: _____

Student 1 Name: _____ Withdraw from class day & time: _____

Student 2 Name: _____ Withdraw from class day & time: _____

Student 3 Name: _____ Withdraw from class day & time: _____

The last day my child will attend class is: _____

So we may better serve our customers in the future please tell us your reason for withdrawing.

Today's Date: _____

Parent Signature: _____

Office Use Only	Received Date: _____
Notes: _____ _____ _____	
<input type="checkbox"/> Credit Card Pulled	<input type="checkbox"/> Processed Drop
<input type="checkbox"/> Emailed Confirmation	<input type="checkbox"/> Pull Paperwork (no other enrolled)