



Class Change and Removal Form

Parent Name _____ Date _____

Circle One: CHANGE REMOVAL

Participant Name _____

Current Class Name _____ Sport _____ Session/Day/Time _____

New Class Name _____ Sport _____ Session/Day/Time _____

Reason for removing from class: _____

Circle One: CHANGE REMOVAL

Participant Name _____

Current Class Name _____ Sport _____ Session/Day/Time _____

New Class Name _____ Sport _____ Session/Day/Time _____

Reason for removing from class: _____

I hereby authorize the changes documented on this form.

Signature _____ **Date** _____

Office Use Only

Billing Change:

Current Class Fee: _____

New Class Fee: _____

Difference Charged Today: \$ _____

Monthly Payment Schedule Adjusted _____

Received By: _____ **Received Date** _____ **Changed By** _____ **Changed Date** _____