

**Withdrawal Form**  
**Harford Gymnastics Club, Inc.**  
**410-877-8686**

Student Name:		Today's Date:
Class:		Reason for Withdrawal:
Transaction Type:	Card      Check      Cash	
Withdrawn by:	Parent Name(print):	Parent Signature:
OFFICE ONLY	Received by (staff):	Date received by HGC staff:
Processed by:		Date processed:
Class Amount:		No refund or credit on Membership Fee. SCHOOL YEAR PROGRAML No refund or credit if withdrawing after start of Week #2 SUMMER SESSION CLASSES & CAMPS: No Refund or Credit after June 1st Withdrawal is from the date we receive this form at HGC. <b>Client MUST request a SIGNED copy when turning this in.</b>
Minus \$20 Proc Fee		
Minus cost of classes		
Refund/credit: (If applicable)		

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