



**936.223.5987**  
**www.majesticgymnasticswillis.com**



**Class Cancellation and Stop Auto Draft**

Today's Date \_\_\_\_\_

Student Full Name \_\_\_\_\_

Parents First and Last Name \_\_\_\_\_

Current Session \_\_\_\_\_

Student Last Day of Session \_\_\_\_\_

Date Stop Auto Draft \_\_\_\_\_

Reason Cancellation of Class \_\_\_\_\_

Parent Signature: \_\_\_\_\_

We require a **2 weeks prior notice of cancelling classes** and/or **cancelling auto draft** to ensure proper managements of your account.

**\*\*\*This form is for students that will not return during current session\*\*\***