

## **DROP REQUEST** FORM

14305 Southcross Drive W. #120 Burnsville, MN 55306 Phone: 952-898-3889 Fax: 952-898-3849 Email: igm@igmgymnastics.com www.igmgymnastics.com

Parent/Guardian First & Last Name:			
DROP DATE:	REASON:		
1 <sup>st</sup> Participant Name:	Class Name	Day	_Time
2 <sup>nd</sup> Participant Name:	Class Name	Day	Time
3 <sup>rd</sup> Participant Name:	Class Name	Day	Time
4 <sup>th</sup> Participant Name:	Class Name	Day	_Time

Once the IGM Gymnastics Business Office receives this document your class drop request goes into effect immediately. If you drop a class mid month you will not receive credits and/ or refunds for the remaining classes in the current month. You may wish to complete the remaining classes in the current month and turn in your drop request after the last class of the month. If you decide to cancel a class after the 1<sup>st</sup> of the month IGM Gymnastics does not issue refunds.

TUITION PAYMENT, ENROLLMENT AND INSTALLMENT BILLING INFORMATION: I understand if the above named person is enrolled in a program that has a monthly tuition where I am continuously enrolled in the program and I will incur monthly tuition charges on my account until I submit the IGM Gymnastics class drop request. This document may be obtained from the IGM Gymnastics Office or downloaded from our website www.igmgymnastics.com. If I am dropping a class (with monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month. I understand that IGM Gymnastics does not give make-up classes, credit and/or refunds for class(es), clinics, camps, private lessons, birthday parties, birthday party guests, bring a friend, field trips, Mini-lympics, competitions, or parents night out that are missed and/or cancelled due to a holiday or inclement weather. If I should receive five classes during the month instead of four there will be no extra charge by IGM Gymnastics although it can be considered a makeup for classes missed while we are closed for holidays. I will not get credit for months where there are four in that month. This will even out through the course of a year. I am responsible to make timely payments of my balances due on my IGM Gymnastics account. From the date of registration forward my entire account balance shall be due the 1<sup>st</sup> of each month. I understand this only applies to programs that have monthly tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. If my payment is not received on or before the due date, IGM Gymnastics will initiate electronic payments for any balances due on my account PLUS an administrative late fee of \$10.00 on the 5<sup>th</sup> of each month. Payments will be processed with the payment method/information I have chosen on the registration form that is kept on-file with IGM Gymnastics. If provided, an e-mail notification will be sent any time a payment is processed. I acknowledge that this authorization will remain in effect until I notify the IGM Gymnastics Office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed and my account balance remains overdue, understand that my enrollment in classes will be cancelled. I will be responsible for all costs incurred for collection of any delinquent payments, including but not limited to collection/ attorney fees/ court costs. All un-paid accounts will be charged a \$10.00 late fee on the 5th of the month; if no payment is received by the 10th your child will be dropped from his/her class and you will receive a \$25 administration fee. New and updated billing address and telephone information is the responsibility of the member, and not the responsibility of IGM Gymnastics to notify the member of expired/declined credit cards and EFT returns. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1<sup>st</sup> of September, annually. IGM Gymnastics reserves the right to modify the terms of this agreement with written notice.

You may submit your completed form using one of the following methods:

Email the completed form to igm@igmgymnastics.com \*

· Bring the completed form to our front desk

Mail the completed form to IGM Gymnastics 14305 Southcross Dr. W. Suite 120, Burnsville, MN 55306 \*

\*If the form in mailed or emailed to the gym, please watch for a confirmation email to assure we received your forms on the correct date.

Signature: I have read and completely understand all terms and conditions of this agreement. Today's Date:

Office Use Only: Received Date:\_\_\_\_\_\_ Updated SD:\_\_\_\_\_\_ Initial:\_\_\_\_\_ Re-enroll Date: \_\_\_\_\_\_ Initial:\_\_\_\_\_