



## Class Stop Request Form

Parent / Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

1<sup>st</sup> Childs Name: \_\_\_\_\_ Class \_\_\_\_\_

2<sup>nd</sup> Childs Name: \_\_\_\_\_ Class \_\_\_\_\_

3<sup>rd</sup> Childs Name: \_\_\_\_\_ Class \_\_\_\_\_

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

Comments / Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that submitting this document to the American Allstars office on or before the last day of the month goes into effect for the following month. Remaining classes will be completed for the current month.

You may turn in your completed stop class form one of three (3) ways:

- 1) Place the completed form into the class stop box located at the front desk.
- 2) Fax the completed form to American Allstars fax # (248) 669-9809
- 3) Mail the completed form to American Allstars Gymnastics Academy located @ 3275 Martin Rd. Suite #125 Commerce, MI. 48390