

Stop Payment / Vacation Form

Students Full Name: _____

Parents Full Name: _____

Email Address: _____

Phone Number: _____

Class Name / Day / Time: _____

Please stop payment on my account with Accel Gymnastics beginning _____
(Month/Day/Year)

The Stop Payment/ Vacation Form must be filled out completely and submitted to our front desk no later than 30 days prior to your stop.

To be able to better assist you in the future please tell us why you wish to discontinue gymnastics classes. Check all that apply.

- Scheduling conflict.
- Transferring to another Accel location.
- Child does not want to participate any longer.
- Other: _____

Vacations

- I wish to retain my child's spot in class. I will pre-pay for the month that we are returning. My return date will be: _____
I understand if we do not return the pre-paid month is forfeited and I will not receive a credit or refund.
- I do not wish to retain my child's spot at this time and I will call to reschedule my child upon my return.

Signature of person authorized for payment on this account: _____

Today's date: _____ Printed Name of Signer: _____