



DROP REQUEST FORM

FAMILY INFORMATION

Parent/Guardian Name: _____

ATHLETE INFORMATION

1st Athlete's Name: _____ Class Level: _____ Day: _____ Time: _____

2nd Athlete's Name: _____ Class Level: _____ Day: _____ Time: _____

3rd Athlete's Name: _____ Class Level: _____ Day: _____ Time: _____

REASON FOR DROPPING CLASS: _____

SIGNATURE: _____ **DATE:** _____ /

understand that I must complete and submit this form to Showtime Elite Apex in the Front Office at least thirty (30) days prior to the month in which said termination is to be effective.

FOR OFFICE USE ONLY

Received by: _____

Date: _____

30 days prior notice? _____ yes _____ no