

Inspire Athletics Class Withdrawal Form

I hereby notify Inspire Athletics of my intent to withdraw my child, _____
_____ (athlete's name) from the _____ class
effective the last day of _____ (month & year) and to discontinue Auto Pay.
*please remember you must submit this form by the last BUSINESS day BEFORE the 20th of the
month. No pro-ration will be made or credits/refunds given.

Parent/Guardian Signature: _____

Date: _____

Your feedback is not required, but would be greatly appreciated. Thank you!

Reason for withdrawal: _____

How was your child's experience with our program? _____

How was your experience with our program? _____

Do you have any suggestions or comments for our program? _____
