



# Withdraw Form

PLEASE PRINT CLEARLY

8175 S Grant Way Littleton CO 80122  
303.703.8199 Fax # 720.283.0515  
ActiveAthletics.net  
Email ActiveAthletics@comcast.net

Thank you for participating in the programs at Active Athletics. Per the rules and policies you accepted at the time of your child's enrollment this form must be completed and turned into our office two weeks prior to the end of the session/term. Withdraw forms received after the deadline date will be subject to the payment for the upcoming session/term.

Family Last Name: \_\_\_\_\_

Student 1 Name: \_\_\_\_\_ Withdraw from class day & time: \_\_\_\_\_

Student 2 Name: \_\_\_\_\_ Withdraw from class day & time: \_\_\_\_\_

Student 3 Name: \_\_\_\_\_ Withdraw from class day & time: \_\_\_\_\_

Please make my withdraw effective at the end of session: 1 2 3 4 5 6 7 8 other: \_\_\_\_\_

So we may better serve our customers in the future please tell us your reason for withdrawing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

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

<b>Office Use Only</b>	<b>Received Date:</b> _____
<b>Notes:</b> _____	
_____	
_____	
_____	