

Tumble Wheels Inc.

“Bringing Physical Fitness to Children Everywhere”
(609) 465-3515

NOTIFICATION OF WITHDRAWAL

Student Name: _____

School Name: _____

Reason for
Withdrawal: _____

I understand that this notice must be received 2 weeks prior to effective date in order to open up your child’s spot in this class. This is Tumble Wheels Inc. notification of withdrawal policy as stated in your membership agreement.

Effective Date: _____ Today’s Date: _____

Parent’s signature: _____

Contact #: _____

To better serve you, please let us know if there is anything we can do to make our program more enjoyable. Your satisfaction is important to us! Thank you for your time!

STAFF NOTES:(please use reverse side if needed)