

# HIGH SCHOOL DROP FORM 2009-2010

Name of athlete: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coaches Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*you must have your coaches signature to complete this form

By signing bellow you understand that you are responsible for the \$179.00 drop fee or the remainder of the season, which ever is the lesser amount in order to pull your child from their weekly practice. This must be turned into the front desk or faxed to 303-452-2929 and you must call to for conformation that your drop form was received.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date you would like to pull auto-withdrawal: \_\_\_\_\_

FRONT DESK USE:

DATE RECEIVED: \_\_\_\_\_ STAFF MEMBER: \_\_\_\_\_

DROP FEE: \_\_\_\_ \$179.00 \_\_\_\_ Amount due to finish out season \$ \_\_\_\_\_

\_\_\_\_ QB \_\_\_\_ LP Billing Initials: \_\_\_\_\_ Director Initials: \_\_\_\_\_