



CALIFORNIA SPIRIT CLASS DROP REQUEST

FAMILY INFORMATION/PARENT/GUARDIAN/BILLING CONTACT

Parent/Guardian First Name: _____ Last Name: _____

ATHLETE INFORMATION

1st ATHLETE Name: _____ Class Name _____ Day ___ Time _____

2nd ATHLETE Name: _____ Class Name _____ Day ___ Time _____

3rd ATHLETE Name: _____ Class Name _____ Day ___ Time _____

REASON FOR DROPPING CLASS: _____

If extra space is needed please use the backside of this form. If you are satisfied please tell others. If you are not satisfied please tell us.

Signature _____ Date _____

I understand that once this document is submitted to the CALIFORNIA SPIRIT business office your class drop request goes into effect immediately. If you drop a class mid month you will not receive credits and/or refunds for the remaining classes in the current month. You may wish to complete the remaining classes in the current month and turn in your drop request after the last class of the month. If I decide to cancel a class before it begins I understand the CALIFORNIA SPIRIT does not issue refunds.

YOU MAY SUBMIT YOUR COMPLETED FORM USING ONE OF THE FOLLOWING METHODS:

- Fax the completed form to 925.520.4877
- Drop the completed form off at our front desk.
- Mail the completed form to 600 Sierra Court, Suite P Dulin, CA 9456