



STOP CLASS REQUEST FORM

Parent / Guardian First Name: _____ Last Name: _____

1st Childs Name: _____ Class _____

2nd Childs Name: _____ Class _____

3rd Childs Name: _____ Class _____

Parent Signature: _____ Date: _____

Comments / Suggestions: _____

I understand that submitting this document to the American Allstars office on or before the last day of the month goes into effect for the following month. Remaining classes will be completed for the current month.

You may turn in your completed stop class form one of three (3) ways:

- 1) Turn the completed form into an office member at the front desk.
- 2) Email the completed form to office@AmericanAllstarsKids.com
- 3) Mail the completed form to American Allstars Gymnastics Academy located @ 3275 Martin Rd. Suite #125 Commerce, MI. 48390