



## STOP CLASS REQUEST FORM

Parent / Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

1<sup>st</sup> Student Name: \_\_\_\_\_ Class \_\_\_\_\_

2<sup>nd</sup> Student Name: \_\_\_\_\_ Class \_\_\_\_\_

3<sup>rd</sup> Student Name: \_\_\_\_\_ Class \_\_\_\_\_

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

Comments / Suggestions: \_\_\_\_\_

\_\_\_\_\_

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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.  
*{Ex: If this form is submitted on April 1st, then classes will run through the month of April.}*

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](mailto:office@AmericanAllstarsKids.com)
- 3) Mail the completed form to American Allstars Gymnastics Academy located @ 3275 Martin Rd. Suite #125 Commerce, MI. 48390