

**PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC.**  
**6724 Amsterdam Way, Wilmington NC 28405**  
**Gym 910-793-1921 Fax 910-793-1922**

## **CLASS STOP FORM**

Parent/Guardian Name (Print): \_\_\_\_\_

1st Student Name: \_\_\_\_\_ Class \_\_\_\_\_

2nd Student Name: \_\_\_\_\_ Class \_\_\_\_\_

3rd Student Name: \_\_\_\_\_ Class \_\_\_\_\_

Reason Stopping Class \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that by submitting this document to **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS' GROUP, INC.** office on or before the LAST DAY OF THE MONTH, the **STOP CLASS** will be effective the following month. Any remaining classes may be completed for the current month.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may submit this completed form in person to the front desk; email a copy to [pcg1@gopcg.com](mailto:pcg1@gopcg.com); fax to 910-793-1922; or mail to Port City Gymnastics, 6724 Amsterdam Way, Wilmington, NC 28405.