

PORT CITY GYMNASTICS and/or PORT CITY KIDS GROUP, INC. and/or CONTRACTORS
6724 Amsterdam Way, Wilmington NC 28405 ~ Ph. 910-793-1921 Fax 910-793-1922
pcg1@bellsouth.net / pcgcustomer@bellsouth.net

CHANGE CLASS FORM

Parent / Guardian First Name: _____ Last Name: _____

1st Childs Name: _____ Class _____

2nd Childs Name: _____ Class _____

3rd Childs Name: _____ Class _____

Parent Signature: _____ Date: _____

Reason Stopping Class _____

Comments / Suggestions: _____

I understand that submitting this document to the **PORT CITY GYMNASTICS** and/or **PORT CITY KIDS GROUP, INC.** office on or before **THE LAST DAY OF THE MONTH**, goes into effect for the following month. Remaining classes may be completed for the current month.

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

- 1) Place the completed form into the payment box located at the front desk.
- 2) Fax the completed form to **PORT CITY GYMNASTICS** fax # 910-793-1922
- 3) Mail the completed form to **PORT CITY GYMNASTICS, 6724 AMSTERDAM WAY, WILMINGTON NC 28405**
- 4) Email a copy to pcg1@bellsouth.net or pcgcustomer@bellsouth.net