



9179 Red Branch Road Columbia, MD 21045 (410) 992-1600

Top Flight Change of Enrollment Form

ATTENTION: This request must be received **by the 25th of the current month** to allow enough time for the request to be completed. Please place this completed form in the tuition box at the receptionist desk / or email (<mailto:info@topflightgym-md.com>) / or fax (410) 992-6832. You may download and email this form from the website.

1. If you are switching classes, fill out the first and second rows.
2. If you are withdrawing from a class, fill out only the third row.
3. You will be called and given status of your request for all class switches

Parent/Guardian Name _____
(Please Print)

Student Name _____
(Please Print)

Phone Number _____

Are you currently paying thru Auto Fund Transfers? ___Yes ___No

	<i>Class</i>	<i>Time</i>	<i>Day</i>	<i>Effective</i>
<i>Switch From</i>				
<i>Switch To</i>				
<i>Withdraw From</i>				

Do you wish to be put on a waiting list if class is not available

_____ *Yes* _____ *No*