

Adventure Club Withdrawal Form



Please complete and return in person to the **Adventure Club Office (222 W. Cedar Ave, Webster Groves, MO 63119)**

Child's Name: _____ Today's Date: _____

Elementary School and Grade: _____ Parent/Guardian's Name: _____

Parent's Email Address: _____ Parent's Signature: _____

Submit Notice	<p><u>*All withdrawals require at least a two weeks' notice and please note that all tuition/monies paid are non-refundable.</u></p> <p>Further information may be found in the Adventure Club Handbook – Online</p>
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Requested Adventure Club Withdrawal Date*: _____

Optional: Reason For Withdrawal Request:

For Office Use Only

Office Use

Withdrawal Form Received by: FAX ___ E-mail ___ AFC ___ Date Received and Initials: _____

Approval of Adventure Club Coordinator: _____ Date: _____

Date Withdrawal is Effective: _____ Date of Parent/Guardian Email Notification: _____

Date of Bookkeeper Email Notification: _____ EZCare Updated (Date & Initials): _____