



3810 Kercheval Drive, Indianapolis, IN 46226

WWW.GOLUTAN.COM

317-801-4596

L.U.T.A.N DROP FORM

Student's Name: _____ DATE: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Please list the reason for your drop and the date of your last class:

L.U.T.A.N Drop Policy

-30 DAY DROP NOTICE REQUIRED AND TURNED INTO FRONT DESK (MANAGEMENT)

-If we do not have a signed drop form on file your child is reserving a spot in class and is therefore required to pay for it

-If you inform someone other than management you are dropping, you will be charged until the front desk is notified in writing.

-Credits will NOT be given -Temporary drop notices can freeze your account if an injury occurs.

L.U.T.A.N Management will need documentation from a doctor's office stating that your child is not allowed to participate.

Signature of Acknowledgement: _____

INTERNAL USE ONLY:

Coach: _____ REMOVED FROM BOOK _____ initials _____ date _____
Day & Time: _____ REMOVED FROM DATABASE _____ initials _____ date _____ Class _____
Level: _____ AUTO DEBIT Y / N REMOVED FROM LIST _____ initials _____ date _____