



**Team Program Withdrawal Form**

**Athlete Name:** \_\_\_\_\_ **Team/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Withdrawal:**

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

**Please return this completed form to the office for verification. Billing will continue until this form is received.**

Thank you for your time at Northern Elite.  
We wish you and your family the best in the future.

**Date:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Parent Name (Printed):** \_\_\_\_\_

**Office Use Only:**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_