



INTEGRITY IN DANCE AND LIFE
www.eldoradodance.com

WITHDRAWAL FORM

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PARENT/GUARDIAN:

LAST NAME FIRST NAME

STUDENT:

LAST NAME FIRST NAME

I WISH TO WITHDRAWAL FROM THE FOLLOWING DANCE CLASSES AT EL DORADO DANCE ACADEMY:

- | | | |
|---------------|-----|------|
| 1. DISCIPLINE | DAY | TIME |
| 2. DISCIPLINE | DAY | TIME |
| 3. DISCIPLINE | DAY | TIME |
| 4. DISCIPLINE | DAY | TIME |
| 5. DISCIPLINE | DAY | TIME |

DATE OF LAST CLASS ATTENDED: _____

REASON FOR WITHDRAWAL:

I AM AWARE:

There are no withdrawal fees. Withdrawal forms not received before the 15th day of the month prior to discontinuance will result in normal charge of tuition fees for the following month.

I have read this fully and understand the above written statements.

STUDENT OR PARENT/GUARDIAN SIGNATURE DATE

(Parent/Guardian must sign if the student is under 18)