



CLASS WITHDRAWL REFUND REQUEST FORM

DATE _____

Parent/Guardian Name:			
Postal Address:	Street:		
	Suburb:		
	City:	Auckland	
	Postcode:		
Email Address 1:			
Mobile Number:			
STUDENT NAME:			

Please indicate which classes you have been attending:

Name of Classes	Day/s Attending

Your reasons for withdrawing from class / requesting a refund:

As parent/guardian of the above student, I have read and hereby agree to all the terms and conditions as stated by Auckland Academy of Dance

Signed.....Date.....

Office Use Only:			
<input type="checkbox"/> Confirmed Withdrawl	<input type="checkbox"/> MailChimp	<input type="checkbox"/> DanceBiz	<input type="checkbox"/> Credit Note sent