



THE DANCE PLACE LTD, DROP CLASS REQUEST

Student Name: _____

Guardian Name: _____

Class Type: _____ **Day:** _____ **Time:** _____

What is your reason for dropping this class: _____

I understand that if I am dropping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month.

X _____
Signature of Guardian **Date**