



## REGINA STUDIO- CLASS WITHDRAWAL FORM 2016-2017

Date: \_\_\_\_\_

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Last Month to Charge: \_\_\_\_\_

Class Cancelled \_\_\_\_\_

Amounts to Refund: Costume \_\_\_\_\_ Photo: \_\_\_\_\_

New monthly fee: \_\_\_\_\_

Last class attended (Month, Day) \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*Reason for Cancellation\*\*\*

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Studio Director Authorization \_\_\_\_\_