

CANCELLATION REQUEST CLASSES/DIRECT DEBIT



- DIRECT DEBIT: **2 WEEKS NOTICE** PRIOR TO NEXT DIRECT DEBIT DATE
- OVER THE COUNTER: **2 WEEKS NOTICE** PRIOR TO THE END OF THE MONTH

Customer Details

Last Name: _____ Enrolment Name _____
 First Name: _____
 Address: _____
 Telephone: H _____ W _____ M _____

Post Code:

I hereby request **Child/children are cancelled from CLASS/S (Please list children below)**

I hereby request **Cancellation of the monthly DIRECT DEBIT from**

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

I hereby understand **That by cancelling Direct Debit and remaining in classes, I must pay a Joining Fee of \$32.50 per child**

I hereby understand **That all MAKE-UP's not taken prior to my last class will be forfeited.**

PLEASE LIST REASON FOR CANCELLATION

CHILD'S NAME

1st Child _____
 2nd Child _____
 3rd Child _____
 4th Child _____

ADMIN ONLY - Classes Cancelled AS AT			
Cancel 1st Lesson	Cancel 2nd Lesson	Cancel 3rd Lesson	Initials
___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	_____
___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	_____

Signature: _____

Date: _____ / _____ / _____