

Les Petits Ballets

Refund Request Form

Student's Name _____

Parent's Name _____

| Pre-Professional Program |
|---------------------------------|
| Class Level _____ |

OR

| Recreational Program |
|-----------------------------|
| Class Level _____ |
| Class Day _____ |
| Class Time _____ |
| Class Location _____ |

Date of last class attended _____

Reason for Withdrawal:

Medical _____
(please provide note from your physician)

Other (please specify) _____

Refund Payable To _____

Mailing Address _____

Telephone Number _____

Signature _____

Return to Les Petits Ballets
Nepean Creative Arts Centre
35 Stafford Road, unit 11, Nepean, Ontario K2H 8V8