

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 request _____

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