

Les Petits Ballets

Request Form for Duplicate Fitness Tax Receipt

\$15 fee

Student's Name _____

Student's Year of Birth _____

Name of Parent for Tax Receipt _____

Class level
Class Day
Class Time
Class Location
Class session (term, year)

Date of request _____

Mailing Address _____

Telephone Number _____

Signature _____

Please make cheque payable to Les Petits Ballets and return to:

Les Petits Ballets,

35 Stafford Road, Unit 11,

Ottawa, ON K2H 8V8.