



NOTICE OF WITHDRAWAL

			I	
NAME:			DOB:	
PARENT'S NAME IF STUDENT IS UNDER (18) YEARS OF AGE:			HOME PHONE	
ADDRESS:			WORK PHONE	
CITY	STATE	ZIP	CELL PHONE	
Today's Date Is:	1 1		Amount Due: \$	
	Amount Paid:	\$		
Reasons For Cancellati	ion:			
Class:		L	_evels:	
Days:			Times:	
Class:			_evels:	
Days:			Times:	
Class:			_evels:	
Days:			Times:	
form to Delaware Valley Dance Acastated above, you fully understand cease and your enrollment in DVDA 2. BUYER'S OBLIGATIONS: Excending the E	ademy in person, or (2) mail a cancelle that 30 days after the date that we recan will be cancelled. The person of the cancelled as provided elsewhere in this agree as such payment shall be made because. OUTSTANDING FEES PAID IN FULL ayments are due on the 1st of each materials.	ation, certified mail, ret ceive your cancellation ement, buyer shall not se of student's failure to LL IN ORDER TO CLO conth. Any payments re e student(s) will not be	eceived after the seventh (7th) of the month will be assesse allowed to attend any classes and/or participate in any	ed. As g will , and
Student's/Parent's Signature			Date:	
DVDA Signature:			Date:	