



ASPIRATIONS DANCE COMPANY

Cancellation Form

350 S. Main St, Lombard, IL
Call or Text 224-231-9157

Date: ____/____/____

Dancer Information

Dancer Full Name: _____

Parent/Guardian Information

Parent or Guardian Name: _____

Cell Phone: _____ Email: _____

Effective Cancellation Date

Requested End Date: ____/____/____

Reason For Cancellation

- ☐ Scheduling Conflict
- ☐ Financial Reasons
- ☐ Change In Interest
- ☐ Moving/Relocation
- ☐ Other: _____

Parent Acknowledgement

By signing below, I acknowledge this form serves as my official notice to cancel enrollment at Aspirations Dance Company. I understand that tuition will continue to be charged until this form is received and processed, and that the form must be submitted **at least 10 days prior** to the 1st of the month I wish to withdraw, in accordance with my Credit Card Authorization Agreement.

PARENT SIGNATURE

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Processed By: _____

Effective Date: _____

Notes: _____