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 that this form serves as my official notice to cancel enrollment at Aspirations Dance Company. I understand that this completed form must be submitted at least **10 days before the 1st of the month** to prevent the next month's tuition charge. Tuition will continue to be charged until this form is received and processed.

All tuition payments are final. No refunds or account credits will be issued for tuition or fees already charged. I remain responsible for any outstanding balance on my account. Submitting this form does not reverse or cancel charges previously processed.

PARENT SIGNATURE

Signature: _____ Date: ____/____/_____

OFFICE USE ONLY

Processed By: _____

Effective Date: _____

Notes: _____