

Withdrawal Request Form

Dancers Name \_\_\_\_\_

Class(es) requesting withdrawal

\_\_\_\_\_ Ballet    \_\_\_\_\_ Jazz    \_\_\_\_\_ Acro    \_\_\_\_\_ Lyrical    \_\_\_\_\_ Contemporary  
\_\_\_\_\_ Hip Hop    \_\_\_\_\_ Tap

Reason for withdrawal request

---

---

---

---

---

---

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Withdrawal Date

---

Parent Signature

---