



## CirKids Program Withdrawal Form

Please print, sign and email this completed form to [info@circuswest.com](mailto:info@circuswest.com) or fax it to 604.252.3697

**PLEASE NOTE THAT TWO WEEKS NOTICE IS REQUIRED FOR WITHDRAWAL.**

Please complete areas below:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Reason for withdrawal:**     Scheduling Conflict     Injury     Moving  
 Other: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### FOR OFFICE USE ONLY

Last day attending class: \_\_\_\_\_

Number of weeks in attendance: \_\_\_\_\_

x Weekly Fee \$ \_\_\_\_\_

= Owed Fees: \$ \_\_\_\_\_

Paid Fees: \$ \_\_\_\_\_

Outstanding fees/refund: \$ \_\_\_\_\_

- CONFIRMATION EMAIL
- JACKRABBIT
- CREDIT CARD
- CHEQUE

Notes: \_\_\_\_\_

**CircusWest Performing Arts Society**

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P 604.252.3679 | F 604.252.3697 | [info@circuswest.com](mailto:info@circuswest.com)