



CirKids Program Withdrawal Form

Please print, sign and email this completed form to 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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