Fall 2013 – Fall 2014 Academy
DROP/ADD Form

Return in person, email, or by fax to Colorado Ballet Academy.

For Office Use Only: □E □C □R □L
Date Received:_____
Invoice #:_____

Please Check a Location: **Central**___ **South**___

Date: _____ Semester: **Fall** or **Spring** or **Summer**

Student Information: **ID#**: _____ **Order Number**: _____

First Name: _____ **Last Name:** _____

Person Making the Request: Would you like to be kept on our email list? **Y / N**

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____ **Contact E-Mail (required):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone: _____ **Student Cell Phone:** _____

I wish to DROP or **ADD:**

Class:_____ **Day(S):**_____ **Time:**_____ Circle One: **Drop** or **Add**

Class:_____ **Day(S):**_____ **Time:**_____ Circle One: **Drop** or **Add**

Class:_____ **Day(S):**_____ **Time:**_____ Circle One: **Drop** or **Add**

= New Total**: $** _____ to be (circle one): **refunded** or **charged**

I am dropping or adding because: _____

_____

Refund policy: Registration fees are non-refundable. 100% tuition reimbursement will only be processed before the first week of classes. 50% tuition reimbursement will be processed between the first week and the fourth week of the semester. Any withdrawal after the first month of the semester is not subject to a refund. All refunds and credits will take up to 3-5 weeks of processing time and will not be issued without a signed Drop/Add form. Registration fees, punch cards, gift cards, and worn merchandise are nonrefundable. Accounts withdrawing after the start of the semester, with previously waived registration fees, may incur a registration fee. If refunds are needed, check and credit card payments refunds may be issued back in the original form of payment. There will be a $25 withdrawal fee issued to those withdrawing after the start of the classes or camp.

Student/Parent Signature: _____ **Date:** _____
Required

Make Checks Payable to: Colorado Ballet Academy

I wish to sign-up for (monthly) Auto-pay….. **Y/N**

New Charge to be: **From Credit on my Account** **Charge My Card on File** **Check** _____ **Cash $**_____

Refund to be: **Credit My Account** **Credit My Card on File** **Issue Check**

Payment By: _____ Charge$_____ Card Number: _____ Exp.: _____ CV2: ___
3 or 4 digit code

Billing Address + Zip: _____ **Signature:** _____ **Date:** _____
(If different than above)

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