

For Office Use Only:	пΕ	□Р	□R	ΠL
Date Received:				
Invoice #:				
Household ID #:				

## 2017/2018 Academy DROP/ADD Form

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

Date:		-					
First Name:  Person Making the Request:  First Name:		Last Name:					
		Would you like to be kept on our email list? $\mathbf{Y} / \mathbf{N}$					
		Last Name:					
Date of Birth:	Contact E-Mail (required):						
Address:		City:	State: Zip:		Zip:		
Home phone:	Student Cell	Student Cell Phone:					
	I wi	sh to DROP or ADD	<b>)</b> :				
Class:	Day(S):		Time:	Circle One: <b>Drop</b> or <b>Add</b>			
Class:	Day(S):		_ Time:	Circ	Circle One: <b>Drop</b> or <b>Add</b>		
Class:	Day(S):		_ Time:	Circ	Circle One: <b>Drop</b> or <b>Add</b>		
I am dropping or adding becau	se:						
REFUND POLICY: Registration ferefund only through August 25, 2017 Failure to pay all fees and tuition maprocessing time and will not be issue nonrefundable. Refunds may be issue withdrawing after August 25, 2017; a	y, after that time no refunds vy affect future ability to part d without a signed Drop/Ad ed back in the original form	will be given and withdricipate in the academy. d form. Registration fee of payment. Students en	rawals following All refunds and es, punch cards, §	August 25 are s credits will take gift cards, and w	subject to entire tuition due. up to 3-4 weeks of orn merchandise are		
Student/Parent Signature:			Date:				