

# Charlotte Martial Arts Academy Cancellation Form

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

Stop Date \_\_\_\_\_

I understand that it will require 5 days for my bank draft to be canceled. By canceling, or allowing my membership to expire, I understand that I am forfeiting my entire registration fee. I understand that I will pay 100% of the joining fee or back dues whichever is less when I rejoin. In addition, I understand that when I rejoin I will be placed on the wait list as though I was a new student. \_\_\_\_\_ (initial)

Under NO CIRCUMSTANCE will CMAA refund automatic monthly drafts if a cancellation form is not submitted PRIOR TO the draft date. \_\_\_\_\_ (initial)

Parent's Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_