

Ballet Arts Centre



of Winchester

50 Cross Street
Winchester, MA 01890
781-729-8556
www.bacw.com

Withdrawal Form

(Student Name) _____ will be withdrawing

from (Class) _____

beginning on (Date) _____.

Reason for withdrawal _____

_____.

I understand that I will not be responsible for the next installment payment due on

_____.

Parent Signature _____

Date of Signature _____