



Office: 604-401-6700
Cell: 604-771-2301
info@royalacademyofbhangra.com
royalacademyofbhangra@gmail.com
Unit 202 - 12451 82 Ave.
Surrey, B.C. V3W 3E8

Cancellation Form

Last Name: _____ First Name: _____
Address: _____
City, Province: _____ Postal Code: _____
Phone Number: _____ Email: _____
Birthdate: _____ Sex: Female _____ Male _____
School: _____
Medical informat' _____
Parent/Guardian: _____
ID Number (D/L): _____ Email Address: _____
Emergency Contact: _____
Phone Number: _____
Comments: _____

FOR OFFICE USE ONLY

Name of Person: _____
Payment Method: _____ Payment Rec'd _____
Bank Name: _____ Account Number: _____

Cancellation Policy: Notice of cancellation must be completed in writing 2 weeks prior to the next billing term.

Reason(s) for Cancellation:

Parent Name (Print) _____

Signature, Date _____

www.royalacademyofbhangra.com

