

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 _____