



# ADD – DROP CLASSES

[info@mydancedimensions.com](mailto:info@mydancedimensions.com) (818) 999-3262

Student Name	Parents' Names
Home Phone	Cell Phone
Email	

PLEASE CHECK  THE APPROPRIATE BOX

**ADD** THE FOLLOWING CLASS/ES:

DAY / TIME	CLASS NAME	INSTRUCTOR

**DROP** THE FOLLOWING CLASS/ES:

DAY / TIME	CLASS NAME	INSTRUCTOR

## IF YOU ARE LEAVING DANCE DIMENSIONS PAC:

I am withdrawing from Dance Dimensions Performing Arts Center. The date of my last class is \_\_\_\_\_ . This form must be submitted 30 days before withdrawal date.

Completed by (Print Name): \_\_\_\_\_

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