



HIAWATHA'S MARTIAL ARTS & FITNESS

CANCELLATION FORM

Student Information

Student name: _____

Address: _____

Parent signature: _____

Type of request: (check below)

Freeze Cancellation Vacation Injury

Dates of absence: _____

Reason for absence: _____

**** Requests must be submitted, 48 hours prior to the end of the month you will be leaving.**

Thank you, we hope to see you back soon !!!

Employee signature: _____

Date received: _____