VACATION REQUEST MUST BE A 30 DAY NOTICE

DATE SI	BMITTED

FAM	IILY LAST NAME:			
on	NAME OF STUDENT will be on vacation beg	ginning	and will return	
	We agree to pay the dojo fees for 30 d	ays from the date we plan	on returning.	
Septe	nple 1: Client will be on vacation from June 1 and ember dues and the administration fee prior to leaven until Oct 1.	- 1	± •	
Augu	nple 2: Client will be on vacation from June 1 and a state and half of September dues as well as the are monthly fees will not be due until Sept 15.		± •	
W	e also understand the following) •		
1. 2. 3. 4. 5.	The \$30.00 Administration Fee is due prior to taking the vacation We may need to fill out a new emergency release form and credit card authorization form Our rates will be raised to the current dojo rates If we do not return by the date specified we will give you an additional 30 days notice Leave of Absence/Break for 1-29 days - No refunds or pro-ration of monthly dues will be give No exceptions PLEASE INITIAL ON LINES 1-5 THAT YOU HAVE READ AND UNDERSTOOD			
	Print Name of Family			
	Signature			
	Date Signed			
	FOR OFFICE USI	E ONLY		
тык	S FORM HAS REEN RECEIVED BY	ON	20	