

APPLICATION FOR A REFUND
YOUTH THEATRE AND YOUTH DANCE CLASSES

This form is to be used to apply for a refund when withdrawing from an Arc Theatre weekly group.

It is a conditional of enrolment that refunds will not generally be given this information is confirmed on the group enrolment form.

Your application will be considered by the Theatre Manager, but receipt of this form does not indicate or suggest that a refund will be granted. You will be notified of the outcome of your application within 14 days from receipt of the form in the Arc Theatre Office.

Name of member: _____

Group Attended (eg "Junior Youth Theatre"): _____

Correspondence Address: _____

Reasons where we will generally consider providing a refund:

- Moving more than 20 miles away from the Arc Theatre
- Withdrawal prior to first advertised session
- Medically necessary

Please explain: _____

If you are not withdrawing for any of the reasons stated above, please explain the reason for withdrawal:

Signed by Parent/Guardian (or member if over 16): _____

Please return your withdrawal form to:
Theatre Manager, Arc Theatre Trowbridge, College Road, Trowbridge, BA14 0ES

Office use only:

Date Received: _____ Date Reviewed: _____ Date Reply Sent: _____

Account paid up to date? YES / NO Recommendation: F / P / D Signed: _____

Decision _____ Authorised By: _____

**WITHDRAWAL
FORM**

Arc Theatre Trowbridge