



Lesson Cancellation Notice

Name(s) _____

Instructor Name(s) _____

Lesson Day(s) & Time(s) _____

Reason(s) for cancellation/suspension (Check all those that apply):

Traveling (Summer/Winter Break) Moving Busy with Academics Medical Cost
 Schedule Conflict Student Maturity Level Not Practicing/Lost Interest Teacher

Other(s): _____

Have you accomplished any of your musical goals during your enrollment with us so far?
Yes No

Last Day of Lessons _____

You will be billed for 4 more lessons from the date of submitting your lesson cancellation notice.

Do you plan on returning to Musical Advantage in the future? Yes No Maybe

If so, what date/time frame? _____

How can we improve our business model for future reference?

Parent/Student Legal Guardian

Print _____ Signature _____ Date _____

(Management Only)

Date Received _____ *Last Day of Lessons* _____ *Initials* _____