

**VACATION REQUEST  
MUST BE A 30 DAY NOTICE**

\_\_\_\_\_  
DATE SUBMITTED

**FAMILY LAST NAME:** \_\_\_\_\_

\_\_\_\_\_ will be on vacation beginning \_\_\_\_\_ and will return  
NAME OF STUDENT

\_\_\_\_\_. If we do not return by the date specified we will give you an additional 30 days notice, otherwise we understand that our regular payments for classes are due in full.

We also understand the following:

1. There will be a \$25.00 Administration Fee upon our return
2. We may need to fill out a new emergency release form and credit card authorization form
3. Our rates will be raised to the current dojo rates.

\_\_\_\_\_  
Print Name of Family

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**FOR OFFICE USE ONLY**

THIS FORM HAS BEEN RECEIVED BY \_\_\_\_\_ ON \_\_\_\_\_, 20\_\_