

WITHDRAWAL FORM (Pre-Instruction)

Massage Life Academy
1706 Heritage Park Blvd #5
Layton, UT 84404

Name of Student: _____

Contact Phone: _____

Enrollment Date: _____

Withdrawal Date: _____

Reason for Withdrawal: _____

Monies Paid: _____

Refund Amount Owed (see refund form for more details): _____

By signing this form, I understand that I will no longer be considered a student of Massage Life Academy, and will need to complete the entire re-application process from start to finish should I want to receive education from Massage Life Academy in the future. All materials administered by Massage Life Academy under the pretext of my enrollment must be returned in good condition.

Student Name: _____ **Signature:** _____ **Date:** _____

Witness Name: _____ **Signature:** _____ **Date:** _____