



UNIVERSITY OF SASKATCHEWAN  
**Ballroom Dancing Club**

**Section (A): Member Information** (Please Ensure All Fields Are Correct)

Member Name (First, Last)		Phone Number	Member #
Address		E-Mail	Class #
City	Postal Code	Class Time/Date/Location	

**Reason For Form** (Check all that apply then read and/or complete all sections indicated in the brackets next to the box.)

- Change to Member Information (B & E)     Class Change Request (C)  
 Member Card Replacement (E)     Membership Refund Request (D & E)

**Section (B): Change Selection**

**Section (C): Class Change**

Which Information Are You Changing? (Provide details in Section E)  <input type="checkbox"/> Member Name <input type="checkbox"/> Phone Number <input type="checkbox"/> E-Mail <input type="checkbox"/> Address/City/Postal Code	Which Class Do You Want to Change Into? Class #: _____ Level: _____ Date/Location: _____ <i>* If level higher than current, please attach cheque for the difference.          ** No refund given for dropping a level.          *** Please wait for confirmation before attending new class.</i>
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**Section (D): Refund Request**

**Section (E): Reasons/Comments**

<i>Refunds will only be granted if requested within 21 days of Registration. Please allow 3 - 4 weeks for refund request to be processed. Please return your membership card with this form.</i>  <input type="checkbox"/> I Have Provided My Card <input type="checkbox"/> I Never Received My Card	       
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form And Information Submission**

Option A: Mail	Option B: In Class Drop Off	Option C: E-Mail
Mail this form and any attachments to the club at:  University of Saskatchewan Ballroom Dancing Club PO Box 27048 Saskatoon, SK, S7H 5N9	Leave the form and all additional attachments in an envelope at the location drop-off bin.  (ask your instructor for help if required)	<p style="text-align: center;"><a href="mailto:info@uofsbdc.com"><b>info@uofsbdc.com</b></a></p>