

Fred Astaire Dance Studio Student Quarterly Refund Worksheet

Studio Code: _____
 Date of Report: _____
 Period Covered: _____
 City: _____
 Franchisee Name: _____

For Current Reporting Quarter Please Submit by Fax The Following Supporting Documentation:

1. The Student's written refund request and release (if available)
2. Any Student Enrollment Agreement relative to the refund request
3. Your Refund Calculation Form
4. If there is a dispute, a separate written explanation, and copies of relevant documents
5. Copy of both sides of the cancelled refund check or charge card credit slip

	Refund Request	Written Release	Enrollment Agreement	Refund Calculation	Service Fee	Refund	Cancelled	Refund	Check	Check	Check	Payment	Refund
Student Name:	Enclosed:	Enclosed	Enclosed	Included	Charged	Amount	Check	Date	Number	Amount	Number	Due	
												of	
	Date	Date	Date					of					
												of	

	Refund Request	Written Release	Enrollment Agreement	Refund Calculation	Service Fee	Refund	Cancelled	Refund	Check	Check	Check	Payment	Refund
Student Name:	Enclosed:	Enclosed	Enclosed	Included	Charged	Amount	Check	Date	Number	Amount	Number	Due	
												of	
	Date	Date	Date					of					
												of	

Student Name:	Refund Request Enclosed:	Written Release Enclosed	Enrollment Agreement Enclosed	Refund Calculation Included	Service Fee Charged	Refund Amount	Cancelled Check	Refund Check Date	Check Number	Check Amount	Payment Number	Refund Due
of												
Date		Date	Date	of								
		of										
Student Name:	Refund Request Enclosed:	Written Release Enclosed	Enrollment Agreement Enclosed	Refund Calculation Included	Service Fee Charged	Refund Amount	Cancelled Check	Refund Check Date	Check Number	Check Amount	Payment Number	Refund Due
of												
Date		Date	Date	of								
		of										
Total Refund						0						