



MAKEUP REQUEST FORM

This form must be completed in order for us to schedule any makeup requests.

Name: _____

Instructor: _____

Date of cancelled lesson: _____

I need a makeup lesson and the following days/times are best for me:

I have read and agree to the makeup policies and understand that WCP only allows one makeup lesson per month: _____ Initial

Signed: _____ Date: _____

E-mail Address: _____

Phone Number: _____

Please note that make-up lessons:

- May not be at the student's usual level
- May not be taught by the student's usual instructor; and/or
- May be in the form of a theory lesson.
- May not be in the usual lesson size configuration. (i.e. Private, semi-private & group)