

MANHATTAN BEACH ATHLETIC FOUNDATION



2011 MBAF Summer School Course Withdrawal Form

Date: _____

Student Name: _____

Student Number (optional): _____

Requesting Withdrawal From:

One Semester Class _____

PhyEd/Activity Class _____

Parent Signature _____

After the first day of summer school, Teacher Signature _____

Book returned _____

Contact information: Fax to 310.379.4523 or email to kathy@wvcpas.com