



1- 4981 Highway 7, Markham ON L3R 1N1  
Phone: 905.604.8854 | Fax: 905.489.4621  
office@InterMusic.ca | www.InterMusic.ca

International Music  
Festival and Competition

## CANCELLATION REQUEST

Competitor's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initials \_\_\_\_\_

Competitor's Mother First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initials \_\_\_\_\_

Competitor's Father First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initials \_\_\_\_\_

Competitor's Legal Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initials \_\_\_\_\_

Address: \_\_\_\_\_  
Unit/Apt # Street City Province/State Postal/Zip Code Country

Tel. No.: \_\_\_\_\_  
Home No. Cell No.

Email (required): \_\_\_\_\_

I/we am/are hereby requesting a refund of the class/classes fee that I/we have paid to register for the International Music Festival and Competition less \$30 cancellation fee per class, the sufficiency and receipt of which is hereby acknowledged in order for me/us to release and forever discharges the International Music Festival and Competition and its directors, officers, shareholders, employees, and agents from any and all actions, causes of actions, claims or demands as well as for me/us not disparage either directly or indirectly the International Music Festival and Competition. I understand that the registration fees are not refundable.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of the Competitor *(if he/she is an adult)*

\_\_\_\_\_  
Signature of the Competitor's Legal Guardian *(if applicable)*

\_\_\_\_\_  
Signature of the Competitor's Mother

\_\_\_\_\_  
Signature of the Competitor's Father