



## FULL NAME \*

First Name Last Name

## ID / PASSPORT \*

## ADDRESS \*

Home address

City State / Province

Zip Code Country

## PHONE NUMBER \*

Country Code Phone Number

## E-MAIL \*

example@example.com

## CHOOSE YOUR OPTION

MORNING PASS

AFTERNOON PASS

FULL PASS

### **Cancellation Policy:**

In the case of cancellation of the course by the organization, the amount already paid for the event, will be returned in full. Quality reserves the right to make changes to the program (choreographers). Any change will not result in a refund by registered participants. Quality will not be responsible for any delay or non-compliance, if the delay or lack of any professional results from events or circumstances beyond its reasonable control, including force majeure, strikes, lockouts, accidents, illnesses, etc ... In this case Quality is not obliged to reimburse any part of the payments made by the students. In the case of cancellation by the student, the amount of the course will not be paid, except in exceptional cases, illness, accident ..., previous medical justification. (50%) The STUDENT who contracts the online courses (from the WEBSITE) may exercise the right of withdrawal during the SEVEN (7) business days following the date of contracting, in accordance with the provisions of the current regulations on matters of retail trade, as long as you have not used the contracted training. The STUDENT, to exercise the right of withdrawal, must state their wish to withdraw from the course, to the email address [info@qualitydancestudio.com](mailto:info@qualitydancestudio.com) indicating the reason and the course taken. QUALITY DANCE will answer the STUDENT specifying the precise instructions to carry out the return of the same. QUALITY DANCE will make the reimbursement of the amount, in the account indicated by the STUDENT within the maximum term of thirty (30) days from the exercise of the right of withdrawal by the STUDENT

### **I AGREE WITH THE TERMS\***

**Fill in by the parent or guardian IF YOUNGER:**

**Name of the father or mother or legal guardian**

First Name

Last name

### **ID / PASSPORT**

I authorize my son/daughter to attend the activities taking place at QUALITY DANCE STUDIO organized by (QDS SPAIN S.L, with CIF: B66396177), located in Avda. Cerdanya 87, 08915 Badalona, Barcelona, during the summer intensive in the month of July 2020.