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## 2019 Festival of Music Cancellation Agreement

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Performance Event Date: \_\_\_\_\_

Performance Time(s) & Venue (s): \_\_\_\_\_

### **TERMS OF THE AGREEMENT:**

A cancellation fee of \$50 per performance time booked will be invoiced to the school if the school's performance time for the 2019 Festival of Music is cancelled by the school. A performance time is defined as one (1) half (½) hour (30 min.) time slot. If multiple performance time slots are booked for a school, the same cancellation policy applies to each performance time cancelled.

Adjustments made by the teacher/school to their registered date(s) or time(s) of their performance(s) are not considered a cancellation. A cancellation is defined as any performance(s) registered by the school that is officially cancelled whereby the school will not be attending the Festival for the 2019 season in any capacity.

**Please provide an authorized signature in acknowledgment of Canada's Wonderland's cancellation policy. The cancellation agreement must be received no later than (2) two weeks following the date of registry. If this agreement is not received, the school's performance will be cancelled by the Canada's Wonderland representative.**

The teacher will receive notification upon receipt of the agreement, indicating that the performance(s) have been confirmed. The teacher will also receive notification if the agreement is not received on time, thus cancelling the performance(s). These notifications will be sent via email therefore it is imperative that the contact/teacher email on file for the Festival of Music is accurate.

If you cancel your booking & receive a Cancellation Fee invoice - payment of the Fee is due no later than Nov 15, 2019. Any cancelled schools that did not pay the fee will be unable to return the following season until said fee is paid.

**Please note: an authorized signature may be that of a Principal or Vice Principal. It may not be the teacher's signature.**

\_\_\_\_\_  
Authorized Signature – (hand written)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title (Principal or Vice Principal)

Amy Dew

\_\_\_\_\_  
CW Sales Representative - Education, Tour & Travel Accounts

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\_\_\_\_\_  
Wonderland Representative Email

\_\_\_\_\_  
Fax Number

***PLEASE RETURN THIS AGREEMENT VIA FAX OR EMAIL – original copy is not required.***