



# CANCELLATION FORM

<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> Mailed
Received Date: _____

**PRIMARY MEMBER NAME**

**LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **Home Phone** ( ) \_\_\_\_\_

**Email** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_

**CANCELLATION POLICY**

At least a 15 day notice is required to cancel any membership at the CRC. Monthly memberships require a 15 day notice prior to the scheduled draft date (either the 1<sup>st</sup> or 15<sup>th</sup> of the month). Our members agree to this policy at the time of enrollment when the authorization is given to automatically withdraw monthly fees from their bank account. If we do not receive a cancellation request within 15 days prior to the member's next draft date, the account will be drafted for the full amount and there will be no refunds.

TYPE OF MEMBERSHIP (Check All the Apply)		
<input type="checkbox"/> Adult	<input type="checkbox"/> Adult Plus**	<input type="checkbox"/> Splash Aquatics**
<input type="checkbox"/> Family	<i>First &amp; Last Name</i>	<i>First &amp; Last Name</i>
<input type="checkbox"/> Youth/Teen	_____	_____
<input type="checkbox"/> Special Hours	_____	_____
<input type="checkbox"/> Special Hours Couple	_____	_____

**\*\*Please list each Adult Plus or Splash Aquatics membership under your account.**

REASON FOR CANCELLATION (Please Check One)		
<input type="checkbox"/> Don't Use Facility	<input type="checkbox"/> Bought own Equipment	Is there anything we could have done to serve you better? _____
<input type="checkbox"/> Relocation	<input type="checkbox"/> Poor Quality Instruction	
<input type="checkbox"/> Too Expensive	<input type="checkbox"/> Other: (Explain below)	_____
<input type="checkbox"/> Work/School	_____	_____
<input type="checkbox"/> Medical Reasons	_____	
<input type="checkbox"/> Displeas with Service	_____	
<input type="checkbox"/> Facility Cleanliness	_____	
<input type="checkbox"/> Joined another Facility	_____	

<b>Last Bank Draft:</b>	<b>Cancellation Effective:</b>

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please check your bank statement following the cancellation date to ensure your request was processed. Keep a copy of this form for your records.**

(Received by) Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Copy Customer? \_\_\_\_\_