

Please print clearly, complete all requested information, and sign where indicated.

Today's Date:		
Member Name:		
Contract number: GYM Location:		
Email Address:		
Address:		
Day Telephone:		
Evening Telephone:		
	3 Day Cancellation Request Form	
Reason for Cancellation:		
How could we have assisted you be	tter	
We value your opinion - please take	a moment to tell us about your experienc	e
Helpfulness of Manager	Excellent Good	Poor
Helpfulness of Trainers	Excellent Good	Poor
	that you have carefully read this request F conditions regarding cancellation and refu	Form. Please refer to your contract nds. In the event of a conflict between the
Request Form and your Contract Ag	reement, the terms of the Contract Agree	ment control.
Signaturo		Date
Signature		Date
For Manager Use Only:		
Confirm type of payment		
Check date		
Manager (Print)	Manager (Signature)	Date
J 1 7		