



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: _____

Relocation Cancellation Procedures

Members may cancel their Membership only by completing the steps listed below.

Member must submit a WRITTEN cancellation letter. Member must provide us with a copy of one of the following items as confirmation of your new address:

1. A utility bill in your name
2. A bank or credit card statement in your name
3. Your new driver's license
4. Your new lease
5. Your military orders which include location and report date
6. A document verifying your campus address

- Mail letter and proof of relocation to Paramount at **4725 S Holladay Blvd, suite 100, Holladay, UT, 84117** or faxed to **888-757-1664**.
- pay the next scheduled monthly dues payment must be 30 days current.
- pay in full any unpaid dues or indebtedness incurred prior to the cancellation date
- It takes 30 days from the time the letter and fees have been paid for cancellation to take effect.

To cancel your Contract before the completion of the original contracted term, the member must follow the procedure stated above.

Reason for Cancellation:

Did you achieve your fitness goals while you were a member?

Yes _____ No _____ How could we have assisted you better _____

We value your opinion - please take a moment to tell us about your experience

Helpfulness of Manager Excellent _____ Good _____ Poor _____

Helpfulness of Trainers Excellent _____ Good _____ Poor _____

By signing below, you acknowledge that you have carefully read this request Form. Please refer to your contract Agreement for complete terms and conditions regarding cancellation and refunds. In the event of a conflict between the Request Form and your Contract Agreement, the terms of the Contract Agreement control.

Signature _____ Date _____

For Manager Use Only:

____ Confirm of \$0 balance in Paramount

____ Check billing date AND payment method

____ Collect Delinquent Balance \$ _____ (attach proof of payment)

____ Final Month's Dues Collected \$ _____ (attach proof of payment)

Manager (Print) _____ Manager (Signature) _____ Date _____