

# CANCELTATION/FREEZE FORM

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_

Billing Date: \_\_\_\_\_

Reason for cancellation/freeze:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*\*Please note all cancellations require 30 days' notice. If electronic billing date falls within the 30 day notice you will be billed one last time***

---

Employee Use Only

- Membership cancelled
- Card/Debit Card deleted
- Annual package deleted
- \_\_\_\_\_ Employee Initial
- Kids club package deleted if applicable