

CANCELLATION FORM

MEMBER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT INFORMATION: You cannot cancel within the term of your membership.** Your cancellation requires **14 days' written notice. YOU ARE RESPONSIBLE FOR ALL FEES UNTIL YOUR CANCELLATION IS EFFECTIVE**. This form IS a written notice.

Valid reasons to cancel within the minimum term: MEDICAL AND RELOCATION. Please attach supporting documents.

**How often do you use the gym or attend classes?**

**\_** Once a month                                \_ Once a week

\_  2 to 3 times a week                      \_ 4+ times a week

\_ Other

**On a scale of 1-5 (5 being the highest), how do you rank your overall experience at Alltime Boxing?**

*I hereby certify that I wish to cancel my membership with Alltime Boxing. I understand that my account must be in good standing in order to complete this request. I understand that I am responsible for any billing that will occur within the next 14 days.*

Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian for **members under 18 years old \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_