



MEMBERSHIP CANCELLATION FORM

Parent's Name: _____ Phone: _____

Child's Name: _____ Class: _____ Coach: _____

Address: _____ City: _____ State: _____ Zip: _____

REASON FOR CANCELLATION (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Unable to utilize enough | <input type="checkbox"/> Displeasure (please explain below) |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other (please explain below) |

Comments / Suggestions: _____

I hereby resign my Membership at Tumblebees Ultimate Gym. I understand: (a) that the cancellation date from the class shall be 30 days after a written cancellation form is received by Tumblebees; (b) payment of this 30-day notice entitles my child to attend class during this time; and (c) all fees, tuition, or other amounts due are to be paid in full upon turning in a written cancellation form.

Member Signature

Staff Signature

FOR OFFICE USE ONLY

Date Received: _____

Date Terminated: _____

Staff: _____

Staff: _____