

Cancellation Request Form

To be completed by Billing Contact

As per my Membership Agreement Authorization, I understand I am responsible for one final payment on the next scheduled date. The agreement will terminate four (4) weeks from that last scheduled payment date. In addition, I understand that my children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that time.

and Free Plays as we	Il as complete an	y remaining make-	ups through t	nat time.				
I,	, request the di	scontinuance of m	v recurring bill	ing for the following s	tudent(s):			
Student(s):	<u> </u>		,		. ,			
Reason for Cancellati	on:				,			
Signature:	·	Date:						
Information below to	be completed by	/ My Gym represer	ntative and rev	viewed with client				
Submitted on:	/ /20	Last Payment:		/ /20				
Contract Experation:	/	/20	(28 days from	n the last payment)				
Accepted by:		Processed by:		Date:	/	/20		
CHILDREN'S FITNESS CENTER®	P	Request						
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As per my Membersh	. •			•				
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Signature:								
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Accepted by:	_	Processed by:	='	Date:	/	/20		