

Cancellation Request Form



PERSONAL DETAILS

First name:	Surname:
Mobile:	Email:
Are there any other family members that need to cancel their membership? YES / NO (please circle)	

CANCELLATION REASON

<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Crèche Fees	<input type="checkbox"/> Crèche Hours	<input type="checkbox"/> Changing Gyms
<input type="checkbox"/> Parking	<input type="checkbox"/> Facility Overcrowded	<input type="checkbox"/> Group Fitness Overcrowded	<input type="checkbox"/> Not 24/7
<input type="checkbox"/> Medical/injury	<input type="checkbox"/> Leaving Town	<input type="checkbox"/> Lost Motivation	<input type="checkbox"/> Financial
<input type="checkbox"/> Dissatisfied (please specify):			
<input type="checkbox"/> Other (please specify):			

CANCELLATION DATE

I wish my 28 days' notice of cancellation to begin from today's date: ___/___/_____

OR

Please cancel my membership from the following future date: ___/___/_____

I authorise Cockburn ARC to contact me about my cancellation reason for further information.

ACKNOWLEDGMENT OF TERMS AND CONDITIONS

I acknowledge that my cancellation request will not be processed if I am in contract and have not paid my early exit fee of \$49.

I acknowledge that I must give at least 28 days' notice for all cancellation requests.

I acknowledge that my membership type/rate may not be available if I wish to join Cockburn ARC in the future.

A suspension cannot be imposed during the 28 day notice period.

I understand all outstanding amounts must be paid in full.

Customer Signature:	Date:	
Staff Acceptance:	Date:	
Actioned by:	Date:	Cancellation Date: