



Fitness Center
Member Cancellation Form

Date: _____ Lot Number: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Reason for Cancellation: (please circle)

Cleanliness

Moved (submit forwarding address)

Joined another gym

No time

Sickness, Death

Lost interest or never used facility

Financial Burdens

Equipment issues: _____

Quality of programs or services: _____

Comments: _____

On a scale of 1-10, how would you rate your satisfaction while using the club?

(10 being the highest) _____

What could we have done to prevent you from canceling? _____

What classes/programs would you have liked to have seen offered at the Hidden Valley Fitness center? _____

You must have completed your 12 months of Fitness Center Membership and complete this form to be accepted for cancellation. Cancellation will be effective 30 days from the date this form is received.

Member Signature (required): _____ Date _____

Staff Signature (required): _____ Date _____