



MEMBERSHIP CANCELLATION FORM

CLIENT'S FIRST & LAST NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Your contract requires a 2 week written notice. YOU ARE RESPONSIBLE FOR ALL FEES UNTIL YOUR CANCELLATION IS EFFECTIVE. **If your billing falls within 14 days from when you send in your form you will be billed again.** Cancellations will NOT be processed if your membership account has a balance. This form IS a written notice.

ALL CANCELLATIONS REQUIRE A 2 WEEK NOTICE

(You will receive a response via EMAIL within 14 days of sending your request)

I understand that this form is a request to cancel my membership. Further, by signing this form, I acknowledge that my membership will not be cancelled if I have a past due balance of any kind.

Signature of Client (If under 18, signature of parent/guardian): _____

Cancellation Request Date (Today's Date): _____

Please submit form in person OR email to: roblesboxinginfo@gmail.com

For questions, please contact Robles Boxing & Fitness. (520) 723-6765

For Office Use Only:

Any past due balances owed: Y / N

If yes, explain:

Will membership be canceled: Y / N

If no, explain:

Will card be charged between cancellation request date & cancellation effective date: Y / N

If yes, explain:

Cancellation Effective Date:

Authorized Signature: