



# Cancellation Request Form

## To be completed by Billing Contact

My Membership Agreement will terminate one (1) month from that last payment date. In addition, I understand that my child/children will continue to attend classes and Free Plays as well as complete any remaining make-ups through that date.

I, \_\_\_\_\_, request the discontinuance of my recurring billing for the following student(s):

Student(s): \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information below to be completed by My Gym Reno representative and reviewed with client

Submitted on: \_\_\_\_ / \_\_\_\_ /20      Last Payment: \_\_\_\_ / \_\_\_\_ /20      Contract Expiration: \_\_\_\_ / \_\_\_\_ /20  
(One month from the last payment)

Accepted by: \_\_\_\_\_      Processed by: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ /20



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