

## **BUTTE FAMILY YMCA**

## MEMBERSHIP CANCELATION/HOLD FORM

In accordance with the Membership Enrollment Agreement you signed, you must give the Butte Family YMCA <u>written</u> notice no later than the <u>LAST DAY OF THE MONTH</u> (the 20th of the month for payroll deduction) to cancel your membership for the following month.

PRIMARY MEMBER'S NAME:		
HOME NUMBER: CELL NUMBER:	CELL NUMBER:	
TYPE OF MEMBERSHIP:		
☐ Youth (4-18 years) ☐ Young Adult (19-25 years) ☐ Ad	dult (26-61 years	s)
Senior (62 years+) Family Adult Couple Se	enior Couple	
REASON FOR CANCELATION/HOLD: Please check all that apply.		
$\square$ <b>Moving/Going to school:</b> Would you like information on the Y near yo	ou?Yes	No
☐ <b>Medical:</b> Are you aware of our hold policy?	Yes	No
□ <b>Financial:</b> Are you aware of our financial assistance programs?	Yes	No
□ Cancelling for the summer/winter: Are you aware of our hold policy?	Yes	No
□ Switching to a Fitness Club:		
□ No long using facility		
on after the hold date. At that time, you will be responsible to either car for the charges to the account.	·	or responsible
Hold Date:/ to/		
Other: Please explain:		
□ □ Dissatisfied? If dissatisfied, please check all that apply.	. – – – –	
PriceHoursFacilitiesLocation	Staff	Cleanliness
Child WatchDay CampsYouth SportsTeen Programs	Open Swim _	Aquatics
Group ClassLocker RoomsClass HoursFamily Pool	Lap Pool	Hot Tub
Other: Please explain:		
SIGNATURE:DATE:	:/_	/
OFFICE USE ONLY		
Date Received: / / Date Processed in Daxko: / /	Staff Initials:	