



# Hidden Valley Lake

## Fitness Center Member Cancellation Form

Date: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for Cancellation:** (please circle)

Cleanliness

Sickness, Death

Moved (submit forwarding address)

Lost interest or never used facility

Joined another gym

Financial Burdens

No time

Equipment issues: \_\_\_\_\_

Quality of programs or services: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, how would you rate your satisfaction with the club? (10 being the highest) \_\_\_\_\_

What could we have done to prevent you from canceling? \_\_\_\_\_

\_\_\_\_\_

What classes/programs would you like to have seen offered at the HVL 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 \_\_\_\_\_