CANCELLATION REQUEST			number:	number:		
1. Member/Stu	dent Details:					
First Name			Last Name			
Date of Birth			Mobile	Mobile		
2. What would	you like to ca	ncel?				
Membership		Swimming Lessons	Other (specify)	Other (specify)		
3. Do you recei	ve the Mates	Rates / Family Discour	nt?			
No Yes. List connected 'Mates'/Family:						
	First Name		Last Nam	ne		
First Nam			Last Name			
Each member requires their own cancellation request form						
4. What is the primary reason for cancelling your membership?						
Change employ:		Holiday/extended absense	Medical		Moving out of area	
Price		No time	Not using fa	acility	Other (specify in Q.5)	
5. How could we have made your experience better? Any further feedback?						
			•			
		nip with The Valleys Lifesty is cancellation form based				
Member's / A				Date		
Holder's Signature						
Completed by	Staff:					
Last direct			Last day of			
debit date Staff Name			membership	Date		
Staff notes				Bato		

Mambarahin

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## THE VALLEYS LIFESTYLE CENTRE

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