Youth, Adult, Senior, and Family

CANCELLATION



Please complete the information below and submit to Guest Services

| Full Name                  |              | Birth Date  | 9               |                  |  |
|----------------------------|--------------|-------------|-----------------|------------------|--|
| E-Mail                     | Phone Number |             |                 |                  |  |
| Address:                   |              |             | Postal Code:    |                  |  |
| Membership Type:           | Adult        | Young Adult | 60+             | Adult/60+ Couple |  |
| membership type:           | Child        | Teen        | Family: 1 Adult | Family: 2 Adult  |  |
| Cancellation, please state | e reason:    |             |                 |                  |  |
|                            |              |             |                 |                  |  |

Feedback / Suggestions: \_\_\_\_\_

## **CANCELLATION POLICIES**

## Please provide a cancellation form before the 25th of the month to cancel for the following month.

There is a **minimum of a three (3) full monthly payments,** plus your pro-rated month before a cancellation is permitted.

Any current or future registered programs that members are registered in will be amended to the non-member price and any balance owing is due upon submission of this form.

Monthly Continuous Memberships are non-refundable and are cancelled on the last day of the month.

Annual memberships are non-refundable but can be placed on an extended pause or transferred.

Memberships are **non-refundable.** 

| Cancellation effective last day of |                 |  |  |  |
|------------------------------------|-----------------|--|--|--|
| Signature:                         | Date:           |  |  |  |
| Office Use only                    |                 |  |  |  |
| Guest Service Attendant:           | Effective Date: |  |  |  |
| Date:                              |                 |  |  |  |