



## My Gym Children's Fitness Center

166 McHenry Road  
Buffalo Grove, IL 60089  
Tel: 847.229.1990  
Fax: 847.589.4131  
www.gotomygym.com

### ***Cancellation Request Form***

I, \_\_\_\_\_, request the discontinuance of my recurring billing for the following students:

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

Per Membership Authorization Agreement, I understand that this request is being made at least 21 days prior to my next scheduled recurring billing.

I would like the last class date to be \_\_\_\_\_

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

Reason for cancellation:  
\_\_\_\_\_  
\_\_\_\_\_

#### **To Be Completed by My Gym Representative:**

Date of Cancellation Request: \_\_\_/\_\_\_/20\_\_

Date of Last Payment: \_\_\_/\_\_\_/20\_\_

Date of Contract Expiration: \_\_\_/\_\_\_/20\_\_

Staff Initials: \_\_\_\_\_