

## **UTOPIA FITNESS MEMBERSHIP CANCELLATION REQUEST**

Member Name							Date	_/	/
Phone #:	Email:								
Address:									
Your membership agree form. Cancellation Form to Utopia Fitness front of handed to the front des receive the form. Paid in automatically cancelled.	n must be mailed desk staff membe k, will not be acc n full membershi	via USPS er during epted as p does no	certified staffed h received ot have to	letter to ours. Any . No exce be canc	the addr cancella ptions. C eled, it ju	ress provintion not cancellation stancellation is going	ided below or d sent via certifie on notice starts to expire and w	lirectly ed lette s on the	handed r or
You are responsible for cancellation has been aphas a balance. You will r	pproved and pro	cessed. C	ancellati	ons will N	IOT be pr	ocessed	if your member	-	count
LET US KNOW HOW SER	WE HAVE BEEN VICES (rate 1 –							/IPRO\	/E OUR
Front desk staff customer service		1	2	3	4	5			
Cleanliness of the facility		1	2	3	4	5			
Atmosphere of the facility		1	2	3	4	5			
Personal training experience		1	2	3	4	5			
Group Exercise class quality		1	2	3	4	5			
		REASO	ON FOR	CANCEL	LION				
0	<ul><li></li></ul>			○ c	ack of Ti hild Wat roup Cla	ch	<ul><li>○ No Motivation</li><li>○ Equipment</li><li>○ Other:</li></ul>		
Is there a way we can	entice you to s	tay?							
Mail Membership Car Utopia Fitness, Attn: 0	•			Shallow	ford Rd,	Lewisvil	le, NC 27023		
I,will be charged my member access to the	embership due:	s until m	y cancel	lation ha	as been		res and unders d and process		
Member signature:							Date:	/	/