

# Overlook II

## FITNESS CENTER CANCELLATION FORM

Company Name: \_\_\_\_\_

Suite Number: \_\_\_\_\_

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

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

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**NAME (PLEASE PRINT NEATLY):**

**CARD NUMBER**

**CANCELLATION DATE**

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**I understand that fitness center membership cancellations must be received prior to the 15<sup>th</sup> day of the month in order not to be billed for the next month's dues. Member agrees to remain liable for all past dues and other indebtedness accrued.**

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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