



MEMBERSHIP CANCELLATION REQUEST

DATE _____ CAMP LOGIN # _____
FIRST NAME _____ LAST NAME _____
PHONE: _____ ADDRESS _____
CITY: _____ STATE _____ ZIP _____
E-MAIL: _____

I wish to discontinue my membership with Garza's Fat Loss Camps. I have met the obligations within my current contract and fulfilled the requirements within. I understand that upon the Fat Loss Camps' receipt of this form at membership@travisgarza.com, I am giving my 30-day notice of cancellation and I am responsible for all membership fees and charges to my account through that date. At the end of that 30 days, I shall no longer be eligible to use the facilities.

(Save a record of this contract and your sent e-mail as your cancellation receipt.)

Member's Signature: _____ Date: _____

Forwarding Address (if different from above):

Because we care about you and your point of view, please help us to improve service to our members by indicating the reason which best describe your decision to cancel your membership with Travis Garza's Fat Loss Camps.

- Moving* *Financial Situation* *Health Related* *Divorce*
- Not using membership* *Staff or Facility Related (please provide additional comments)*

How would you best describe your experience at Travis Garza's Fat Loss Camps? (circle one)

Excellent *Very Good* *Good* *Fair* *Poor*

Comments: _____

