



MEMBERSHIP CANCELLATION REQUEST

DATE _____ CAMP LOGIN # _____

FIRST NAME _____ LAST NAME _____

PHONE: _____ ADDRESS _____

CITY: _____ STATE _____ ZIP _____

E-MAIL: _____

AGE _____ DATE OF BIRTH _____

I wish to discontinue my membership with Travis 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, 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 (check one)

- 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? (check one)

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

Comments