

Overlook III

FITNESS CENTER CANCELLATION FORM

Company Name: _____

Suite Number: _____

Email Address: _____

Phone Number: _____

NAME (PLEASE PRINT NEATLY):

CARD NUMBER

CANCELLATION DATE

I understand that fitness center membership cancellations must be received prior to the 15th 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: _____