**MEMBER CANCELLATION FORM**

Please ensure to check our Terms & Conditions

Member’s Name: ……………………………………………………………...............................................................................................

Parent’s / Guardian’s Name: …..........................................................................................................................................

Program:……................................................................................................…................Time:…........................................

Cancellation Notification Date (future date only): …........................................................................................................

Please let us know your reason for leaving to help us improve (please circle/highlight):

* Transferring to another club

Reason:……………………………………………………………………………………….......................................................................

* Joining other sports

Reason:……………………………………………………………………………………….......................................................................

* Not happy with the club
* Training
* Admin
* Policy
* Other

Please comment: ………………………………………………………………….............................................................................

* Relocating
* Lost interest

Please comment: …...............................................................................................................................................

* Any other reason: ….............................................................................................................................................

…........................................................................................................................................................................................

You can either print, sign below and drop it into our office OR email to [admin@cyc.net.au](mailto:admin@cyc.net.au) with Subject: Cancellation (no signature required when emailed from your email address we have in our record):

Name of Parent / Guardian:……………………………………………………….....................................................................................

Signature: …..................................................................................................................Date:………………………………………...

**CYC office use only:**

|  |  |  |
| --- | --- | --- |
| **Drop Date:** | **Done by:** | **Date:** |
| **Notify coaches** |  |  |
| **Check outstanding fees** |  |  |