

Folsom Wellness & Sports Conditioning Center Membership Cancellation Form

Date: _____

Dear Folsom Wellness & Sports Conditioning Center,

This form serves to submit my **30 days notice to cancel my membership** at The Folsom Wellness & Sports Conditioning Center. I understand that **there is a five day grace period from my monthly payment date to submit my cancellation**. (Example: If my payment comes out on the first of the month, I have until the 6th to submit my cancellation or a payment will be withdrawn the next month) My membership will then be cancelled). All obligations have been fulfilled with regard to this membership.

(Optional for our records)

My membership is being cancelled for the following reason:

(Please check)

Illness or surgery

Travel

Moving out of town

Not using

Other: _____

**Yours sincerely,
(Signature)**

Name (printed)

Please email me confirmation of my cancellation.

My email address: _____

Facility Use

Date Received: _____ By: _____

Last draft on: _____ By: _____

Folsom Wellness & Sports Conditioning Center
990 Riley Street
Folsom Ca 95630
916.355.1250