

Kinema Fitness Cancellation Form



Facility: 55 Fitness

Name: _____ Badge #: _____

Email: _____

Phone: _____

Address: _____

Reason for Canceling:

Other Comments or Suggestions:

Member Signature:

Date:

Manager Signature:

Date:

***Please note there is a 10 day notice for all cancellations from the date the form is received.**