



## Cancellation Form

Date: \_\_\_\_\_

Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Begin Training: \_\_\_\_\_

What is you the date of your billing cycle? \_\_\_\_\_

Did you meet the 3 month minimum: \_\_\_\_\_

Did you provide a 14 day notice prior to your billing cycle date? \_\_\_\_\_

(If not, per the agreement you signed, there is \$150 cancellation fee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date