

Canterbury Sports Performance Centre

Please email completed form to cancellation@cspc.nz

Membership Cancellation Request Form

Date: ___/___/___

Member's name: _____

Mobile phone no. _____

Email: _____

Membership Cancellation Guidelines

I wish for my membership to cease on the following date* ___/___/___ (see notice period below)

My reason for cancelling is:

Medical

No time

Financial

Moving area

Changing Gyms

Other _____

Feed back: _____

Members signature: _____

*4 weeks minimum notice required

*A \$200 cancellation fee will apply if you are still in a minimum term contract or the remainder of your membership fees, whichever is the least. If you are unsure then please email membership@cspc.nz.

Key tag must be returned or a lost tag fee of \$15.00 will apply.

