



Moraine Valley Community College  
 Health, Fitness & Recreation Center  
**Cancellation Form – Membership/KidRec**

Main Member Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone (H, W, C): \_\_\_\_\_

- I currently have a locker rental.  Payroll Deduction

Please list any additional members on your account that you wish to cancel. Indicate if you are cancelling their membership, locker and/or KidRec Add-On.

- I am only cancelling the members listed below.

Member ID	Name	Membership	Locker	KidRec
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Cancellation Reason:**

- Separation from MV  Moving  Other Gym  
 Lack of Use  Medical Concern  Enrolled in classes

Other/Comments: \_\_\_\_\_

**Cancellation Agreement (initial each line):**

- \_\_\_\_ I understand that the cancellation form must be submitted in writing to FitRec 5 days prior to the month in which I wish to cancel.  
 \_\_\_\_ I understand that if the cancellation form is submitted after the deadline I will be billed for the following month and my membership will end at the end of that month.  
 \_\_\_\_ I understand my cancellation will not be processed unless I have a zero balance on my account.  
 \_\_\_\_ I understand that signing up for an annual or 1-month membership, I cannot freeze, cancel or get a refund for my membership (unless a medical reason).  
 \_\_\_\_ I understand that if I am the primary member, that if I cancel my membership, my spouse and/or dependents memberships will end as well.  
 \_\_\_\_ I understand there is a \$40 fee (per change) for any additions or swapping of any sub-members on a family membership.  
 \_\_\_\_ I understand my locker must be cleaned out prior to my membership expiration date.  
 \_\_\_\_ **Community** – I understand that I must maintain my membership for at least 6 full billing months to avoid a \$40 cancellation fee.  
 \_\_\_\_ **Payroll Deduction Only** – I understand that due to payroll processing that my deductions may not end immediately.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Office Use Only**  
 Form Received by: \_\_\_\_\_ Form Received on: \_\_\_\_\_ Payroll Sheet Updated (Employee Only): \_\_\_\_\_  
 Processed by/on: \_\_\_\_\_ Cancellation Fee Assessed: Y or N