



CANCELLATION FORM

Primary Member Name: _____ Date Requested: _____

Reason for canceling:

☐ Moving ☐ Medical ☐ Financial ☐ Non-Use ☐ Other Gym

☐ Other: _____

Phone Number: _____ Email: _____

Address: _____

How likely are you to recommend us to a friend or family member? (Please rate, 1 being not likely at all – 10 being very likely)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How would you rate the customer service level of our staff? (Please rate based on 1 being below average and 10 being excellent)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

How many times a month did you use the Yakima Athletic Club?

☐ Less than 8 times a month ☐ More than 8 times a month

Which amenity did you use the most? Please check all that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aquatic Group Classes | <input type="checkbox"/> Dry Sauna | <input type="checkbox"/> Pool | <input type="checkbox"/> Towel Service |
| <input type="checkbox"/> Cardio Bags | <input type="checkbox"/> Hydro Massage | <input type="checkbox"/> Racquet Ball Court | <input type="checkbox"/> Virtual Classes - Les Mills |
| <input type="checkbox"/> Cardio Equipment | <input type="checkbox"/> Kids Club | <input type="checkbox"/> Steam Sauna | <input type="checkbox"/> Weight rooms |
| <input type="checkbox"/> Cycle Studio | <input type="checkbox"/> Les Mills/Group Fitness Classes | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DotFit Nutritional Guidance | <input type="checkbox"/> Pickleball Courts | <input type="checkbox"/> Tanning Beds | |

Is there something we could improve upon with the amenities you used?

Did our fitness department help you achieve or get you closer to your fitness goal(s)?

☐ Yes ☐ No ☐ Other: _____

Did you pay for an upper layer program? Please check all that apply

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Small Group Training | <input type="checkbox"/> One on One Personal Training | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bootcamp/Kettlebell | <input type="checkbox"/> Masters Swim | |
| <input type="checkbox"/> Stronger Living | <input type="checkbox"/> None | |

Is there something we could improve upon in the paid upper layer programs? _____

Member understands that they will have 30 days to reverse the cancellation without penalty or any additional fees. After 30 days, past members will be subject to paying the full joining fee and current dues rate to rejoin the facility.

Member Signature: _____ Date: _____

Yakima Athletic Club Signature: _____ Date: _____