



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"/> Racquet Ball Court | <input type="checkbox"/> Weight rooms |
| <input type="checkbox"/> Cardio Equipment | <input type="checkbox"/> Les Mills/Group Fitness Classes | <input type="checkbox"/> Steam Sauna | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cycle Studio | <input type="checkbox"/> Pickleball Courts | <input type="checkbox"/> Swim Lessons | |
| <input type="checkbox"/> DotFit Nutritional Guidance | <input type="checkbox"/> Pool | <input type="checkbox"/> Virtual Classes - Les Mills | |

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

Was there an employee who provided you with a note worthy experience?

☐ Yes ☐ No ☐ Name of Employee: _____

Did you pay for any **added services**? Please check all that apply

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Small Group Training | <input type="checkbox"/> One on One Personal Training | <input type="checkbox"/> Kid's Club | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Bootcamp/Kettlebell | <input type="checkbox"/> Masters Swim | <input type="checkbox"/> Towel Service | <input type="checkbox"/> Locker Rental |
| <input type="checkbox"/> Stronger Living | <input type="checkbox"/> TRX Classes | <input type="checkbox"/> Hydro Massage | <input type="checkbox"/> Pickleball Court Access |
| | | | <input type="checkbox"/> Other _____ |

Is there something we could improve upon **within our added services**? _____

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 : _____

OFFICE USE ONLY

Last day of club access: _____

Eligible for return: _____