

# Tree Of Life Yoga

## Membership Cancellation Request Form

**Note:** Cancellation requests must be received 30 days prior to the next billing date or the account will be charged for the subsequent month

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

**Please check all reasons that apply regarding your cancellation:**

- : Relocation    : No longer using facility    : Switching to another facility
- : Too far from home/work    : Facility hours    : Class times    : Health reasons
- : Financial    : Cancelling for Summer/Winter    : Cleanliness of facility
- : Availability of equipment    : Military Deployment    : Problem with instruction/teacher
- : Unsatisfactory facility    : Unsatisfactory service
- : Other \_\_\_\_\_

**Please Rate the following:**

**Courtesy of Staff**

- : Excellent  
: Good  
: Fair  
: Poor

**Cleanliness of Facility**

- : Excellent  
: Good  
: Fair  
: Poor

**Quality of Classes**

- : Excellent  
: Good  
: Fair  
: Poor

**Quality of Teachers**

- : Excellent  
: Good  
: Fair  
: Poor

**Is there anything we could do better or do you have any other feedback for us?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_