**Program cancellation form**

1. For members in a current contract early termination fee is half of your remaining total or $100 whichever is greater. We cannot cancel your membership until this fee is paid in full. This fee can be paid in cash, check or charge at the front counter during regular business hours.
2. There are no refunds in on paid in full memberships.
3. Month to month members may cancel their memberships with no additional fees by providing 30 days notice prior to next billing cycle by using this form. Cancellation at the end of your term still requires notice. Any accounts that are not cancelled by terms end will roll over in to a month to month membership.
4. We do not cancel due to non-attendance it is your responsibility to notify us and follow the policy in order to cancel.
5. Processing your cancellation request will only start once we have received your notice in the correct format, and your cancellation fee if applicable.
6. Cancellation due to medical reasons will require documentation from your current physician.
7. Cancellation due to relocation 30 miles from your current address requires proof of address change.

1. All contracts require 30 days notice prior to last billing date to cancel. If you do not provide 30 days notice your membership will auto renew for a new 6 or 8 month term. If your form is submitted without 30 days notice your account will be charged for the following month. We have limited spots in class and we must be given the notice so we have time to fill your spot. Absolutely no exceptions.
2. To submit your cancellation request please return this form by mail or email to our studio. The processing will not start until we have received the form.

Team O’Connor Martial Arts, 534 Broadway, Chesterton IN, 46304

[chestertonmaa@yahoo.com](mailto:chestertonmaa@yahoo.com)

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Please print this information clearly

Member name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please cancel my account. Reason for cancellation: End of membership / Medical/ Relocation Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the terms above and hereby comply with all the terms conditions of the freeze policy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

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For office use only

Accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_