



# 30-DAY NOTICE OF CANCELLATION

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number

## Reason for cancellation (please choose one of the following):

- Moving (out of town)
- Moving (in town)
- Health/Medical
- Financial
- Distance
- Too crowded
- Want classes
- Changing fitness centers: \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

**PLEASE READ:** By signing the above form I am knowingly complying with my signed waiver and membership agreement to give a 30-DAY NOTICE OF CANCELLATION to terminate my month-to-month membership with CrossFit South. I recognize that in accordance with my membership agreement and the State mandated terms of cancellation of a month-to-month membership agreement that I am responsible for **one final payment** to occur in the 30 days subsequent to submission of notice.

**State of Georgia** cancellation policy for termination of month-to-month fitness center membership agreement: You (the buyer) may cancel this agreement within 30 days from the time you knew or should have known of any substantial change in the service or programs available at the time you joined. For cancellation, send written notice of your cancellation to the address provided in the membership agreement. The advised way to cancel is by keeping a photocopy of your membership agreement and 30-day notice of cancellation and sending the cancellation by registered or certified mail, return receipt requested, or by completing the facility provided 30-day notice of cancellation. **All memberships that are or rollover to Month-to-Month require a 30-day notice to cancel and you (the buyer) will be responsible for any payments owed to the facility during the 30-day period. Should you choose, you are entitled to a copy of your 30-Day Notice of Cancellation at submission.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date:

### FACILITY USE ONLY

\_\_\_\_\_  
Representative Signature:

\_\_\_\_\_  
Date received:

\_\_\_\_\_  
Cancellation effective date: