



[www.augusta.edu/campus-recreation](http://www.augusta.edu/campus-recreation)

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### **Cancellation Form**

Please note the reason for cancellation (circle one of the following):

AMENITIES    DISTANCE    CLEANLINESS    ACCESSIBILITY    JOB CHANGE    LACK OF TIME    LACK OF SERVICE

According to your experience at the Campus Recreation Center please rate the following:

Is the staff courteous and helpful? Excellent / Good / Fair / Poor

Is the exercise equipment clean and in working condition?    Excellent / Good / Fair / Poor

Is the overall facility well-kept and clean?    Excellent / Good / Fair / Poor

Your overall satisfaction with the Wellness Center?    Excellent / Good / Fair / Poor

### **Voluntary Cancellation Policy**

For Payroll members, a 30 day notice is required to cancel after the 12 month agreement has been met. For a Flex-Term or 12-month standard purchase, the membership will be terminated immediately upon receipt of this form. Refunds will not be provided for memberships held less than 6 months or for those terminated by the Wellness Center.

A cancellation is not effective until a signed Cancellation Form has been received by the Wellness Center. The member should contact the Wellness Center to confirm receipt of the completed form.

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ OFFICE USE BELOW \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

How receive? Person / Email