Central Florida YMCA

Program Cancellation/Change Form

Primary Member's Name Participant's Name				Member Number		
			Order Number			
Monthly Bank Draft Amount:		Las	Last Bank Draft Date:			
Program Type:	■ Water Polo	☐ Tae Kwon Do	Diving	Synchro		
	Other:					
Reason for canceling your p	rogram:					
COST DISSATISFIED WITH PROGRAM DISSATISFIED WITH EQUIPMENT DISSATISFIED WITH FACILITY	MOVING TO:		We can provide information about the YMCA's in your new location			
	OTHER:				the Timerts in your new rocation	
Did we meet your expectati		YES	NO			
Changing From:						
TO:						
New Monthly Bank Draft A	mount:		1st Dra	aft Date:		
As per my program agreement. I u at lest fifteen (15) days prior to my non-refundable.	•			-		
As per my program agreement. I u at lest fifteen (15) days prior to my	effective bank draf			in that month's		
As per my program agreement. I u at lest fifteen (15) days prior to my non-refundable.	effective bank draf	t date. Failure to di	u so will result Date	in that month's	bank draft being	

OUR MISSION

Central Florida YMCA