

Mountain Fitness

Cancel Request*

Please CANCEL effective: _____ / _____
Month Year

Account Holder: _____

Member(s) cancelling: _____

Reason for Cancelling: _____

Signature: _____ Date: ____/____/____

*Please submit to The Wellness Center, 633 Lassen Lane, Mt. Shasta, CA 96067 no later than the 25th of the preceding month to avoid extra charges to your account.