



Cancellation Request Form

Please complete and send a copy through to info@universalhealthstudio.com.au

Please note that cancellation of your membership requires two (2) weeks notice. The two (2) weeks will be on the date that this form is received and a confirmation will be sent to you.

Please complete the below fields

Students full name

Parent/Guardians full name

Reason for cancellation

- Loss of interest
- Too expensive
- Other commitments – e.g. school, work, other sports
- Other reason _____

Signature of parent/guardian

Date

Office Use Only

Date received

Processed by (name)

Date processed