



Kennebec Valley YMCA Cancellation Form

First Name: _____ Last Name: _____ DOB: _____
Membership Type: _____ Member #: _____ Phone #: _____

Reason For Cancellation (please check all that apply)

- Relocating to _____
- Transfer to another YMCA in _____
- Joined another fitness center _____
- Vacation/Away for the season
- Not enough time/Too busy
- Medical reason
- Dissatisfied
- Lost interest
- Financial reasons (Have you considered a YMCA scholarship for a reduced membership rate?)
- Other: _____

Please let us know what you liked about your YMCA and what we could do to improve our facility and programs (5=Highest and 1= Lowest)

- | | | | | | |
|-----------------------------------------------------------|---|---|---|---|---|
| <input type="checkbox"/> Cleanliness of the facility | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Friendliness of the staff | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Competence of the staff | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Overall quality of the programs | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Overall value of your membership | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Convenience of scheduling | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Maintenance of equipment | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Pools | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Locker rooms and showers | 5 | 4 | 3 | 2 | 1 |

What else would you like to tell us: _____

I understand that it takes 15 days to stop a draft and that my membership cannot be cancelled unless it is current.

Member Signature: _____ Date: _____
Y Staff Signature: _____ Date Entered: _____