

**OFFICE USE ONLY**

Date received:\_\_\_ / \_\_\_ / \_\_\_

Date of change: (28 days’ notice required) 1st / \_\_\_ / \_\_\_

Staff Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancellation Notice Form

**Date:\*** \_\_\_\_\_ **/**\_\_\_\_\_ **/**\_\_\_\_\_\_\_

**Name:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Phone Number:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Type:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Membership No:\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please take the time to complete this questionnaire and let us know how we can improve our sports facilities.**

1. What is the reason for cancelling your membership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you feel the initial induction procedure was beneficial to you? **🞏 Y / 🞏 N**

If No, why not and how do you feel it could be improved?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you grade the following quality of service?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| Reception Staff | 🞏 | 🞏 | 🞏 | 🞏 |
| Cleanliness | 🞏 | 🞏 | 🞏 | 🞏 |
| Equipment | 🞏 | 🞏 | 🞏 | 🞏 |
| Value for Money | 🞏 | 🞏 | 🞏 | 🞏 |
| Fitness Studio | 🞏 | 🞏 | 🞏 | 🞏 |
| CSA Overall | 🞏 | 🞏 | 🞏 | 🞏 |

1. What, if anything, do you feel we could change to improve the service we provide?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any other comments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this Cancellation Notice Form. Your feedback is very important to helping us provide the best services and facilities possible.

**Please consider that when submitting this form that you will need to give 28 days notice of cancellation with CSA. Please remember to cancel your Direct Debit for CSA with your bank. If you would like confirmation of your cancellation, please enter your email address below:**

**Email Address:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\*** \_\_\_\_\_ **/**\_\_\_\_\_ **/**\_\_\_\_\_\_\_