



## Cancellation Form

### PROGRAM CANCELLATION

Member's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Cancellation: \_\_\_\_\_

Program Type:  Jump Start  Beginner  Intermediate & Advanced  Junior Team  Senior Team  Adult Diving

\_\_\_\_\_ Initial As per my membership agreement, I understand that this Cancellation Form must be received in person or by email at least **thirty (30) full days prior to my next recurring payment date**. Failure to do so will result in a non-refundable payment for that month. I also understand that if I decide to renew my membership, I will be charged a Re-Enrollment Fee if I rejoin more than 30 days after cancellation.

The Re-Enrollment Fee is a one-time fee charge if you rejoin after thirty (30) days of your cancellation date. **If you rejoin before the 30 days of cancellation, you will not be charged a Re-Enrollment Fee.**

**Are you aware that we have a scholarship program to help supplement the cost of your membership?** Ask the Atlantic Diving Team office at [office@atlanticdivingteam.com](mailto:office@atlanticdivingteam.com) for more information.

### REASON FOR CANCELING WITH THE ATLANTIC DIVING TEAM

- |  |   |
|--|---|
| <input type="checkbox"/> Do not have time  | <input type="checkbox"/> Team hours are not convenient      |
| <input type="checkbox"/> Moving out of area<br>(We can provide information about other teams in your new area) | <input type="checkbox"/> Dissatisfied with certain programs |
| <input type="checkbox"/> Membership is too expensive   | <input type="checkbox"/> Joined another club team           |
| <input type="checkbox"/> Do not like the quality of facilities or condition of equipment                       | <input type="checkbox"/> Club Team is too crowded           |
| <input type="checkbox"/> Location is not convenient  | <input type="checkbox"/> Due to medical reasons             |
| <input type="checkbox"/> Dissatisfied with quality of service  | <input type="checkbox"/> Something else                     |

We'd love to hear more about your decision to cancel and how we can make improvements. Please complete our satisfaction survey online at [https://www.atlanticdivingteam.com/pdf/Team\\_Evaluation\\_Form.pdf](https://www.atlanticdivingteam.com/pdf/Team_Evaluation_Form.pdf)

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Join Date (if applicable) \_\_\_\_\_ Last practice \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_ Member# \_\_\_\_\_