



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 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
(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.

Member's Signature _____ Date _____

Join Date (if applicable) _____ Last practice _____

Staff Initials _____ Date _____ Member# _____