

**ACTIVE LIFESTYLES – Gym Membership Cancellation Form**

*Please ensure you have read and understand your rights to cancel in our standard Membership Terms before completing this form. This form should only be completed if you wish to end your Membership.*

***PLEASE NOTE: If you are still within the Minimum Term of your Membership (and if the 14-day cooling off period had expired), you will be invoiced for the outstanding balance due under the Minimum Term from the date of cancellation).***

**To: The Borough Council of Calderdale t/a Active Lifestyles**

Lifestyles Admin

Finance Department

Westgate House

Westgate

Halifax HX1 1PS

**Email:** [Lifestyles-admin@calderdale.gov.uk](mailto:Lifestyles-admin@calderdale.gov.uk).

**Telephone:** 01422 393270

I/We.....(name)hereby give notice that I/We cancel my/our gym Membership as follows:

Member ID Number.....

Name of Member(s).....

Name of Parent/Legal Guardian (if applicable).....

Address of Member(s).....

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.....

Telephone Number (if applicable).....

Email Address (if applicable).....

Reason for Cancellation:.....

Signature of Member(s) (or Parent/Legal Guardian, if applicable) (only if this form is given to Calderdale Council as a hard copy)

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Date.....