



REQUEST TO CANCEL MONTHLY PASS AGREEMENT

By signing this form, I am providing written notification to cancel my monthly recreation center pass agreement at the South Suburban Park and Recreation District (SSPRD) on the date this form is submitted. I understand my request must be made by the 15th of the month in order to cancel payment for the following month. Any requests made after the 15th of the month will be processed the following month. I also understand a two-month minimum is required. If the two-month period has not yet been met, my monthly pass can be canceled once it has been fulfilled.

Print Member's First & Last Name: _____

Member Phone Number: _____

Today's Date: _____

Member Signature: _____

We are sorry to see you go!

Please let us know why you have decided to cancel your monthly pass:

- Did not use enough Budgetary Moving away
 Did not meet my goals Other _____