



MANSFIELD
COMMUNITY CENTER
Family, Fitness & Fun!

Mansfield Community Center
 10 South Eagleville Road, Storrs/Mansfield, CT 06268
 Phone: 860-429-3015 Fax: 860-429-9773
 Email: parksandrec@mansfieldct.org
www.mansfieldcc.com

MEMBERSHIP CANCELLATION REQUEST FORM

NOTE: Cancellation requests submitted after the 15th of the month will be billed for the subsequent month.

_____ Date Submitted: _____
 Last Name First Name M.I.

_____ City/Town Zip Code
 Address

_____ Contact E-mail
 Contact Phone

Members to Cancel: Cancel all members on my account
 Cancel only the following member(s): _____

Which of the following best describes your reason for leaving (select all that apply)?

- Move Change in Personal Finances
- Temporary, I'll be back! *\$35 enrollment fee applies to memberships lapsed more than 14 days.*
- Medical *We offer medical freezes with a physician's note; please inquire!*
- Lack of Use *Please identify factors leading to lack of use:* _____
- Dissatisfied *Please describe:* _____
- Other *Please describe:* _____

Would you refer others to the Mansfield Community Center? Yes No

*** Requested date of cancellation:** _____

**Cancellation requests submitted after the 15th of the month will be billed for the subsequent month. Refunds are not issued to month-to-month members for months billed. Pay-in-Full members may receive a pro-rated refund for time remaining in their pass year equivalent to full months. Cancellations will not be retroactively applied, unless physicians note is submitted indicating specific date to terminate use. ** Please allow 4-6 weeks for cancellation to be processed.*

Annual Pay-in-Full Members: How would you like your refund (if money is owed to you) processed?

- Check mailed from Finance Dept. (3-4 weeks)
- Refund credit card (applies only to card from original transaction)
- Credit household account

Signature of requesting person _____

FOR OFFICE USE ONLY

Request Granted: YES NO Reason Not Granted: _____
 Refund Amount: _____ Date: _____
 Authorized Signature: _____

STAFF USE ONLY:

Received by: _____
 Date: _____
 Time: _____