



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UPDATED 08/2020

NORTHWESTERN CT YMCA PROGRAM CANCELLATION FORM

To stop payment, the Y requires that this cancellation form be completed at least 7 days prior to the draft day.
Please retain a copy for your records.

Date _____ Phone _____
Member ID# _____ Email Address _____
Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____

Program being canceled: _____

Reason for Cancellation

Please complete this survey to help us improve our services. Please check all reasons that apply.

Personal Reasons:

Personal finances

The Y offers a variety of options to meet your lifestyle and financial needs.

Did you know that we offer:

Financial Assistance & Income Based Memberships Yes _____ No _____

Moving home address to _____ (city/town)

Medical reasons

Other: _____

The Y's Service To You:

Dissatisfied with: Facility Hours of Operation Quality of Programs or Services Other

specifically: _____

If we could do one thing to keep you as a program participant, what would it be?

Member Signature _____ Date _____

Staff Signature _____ Date _____

Return this form to the front desk.