

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

Fitness Center – Recurring Monthly Payment Cancellation Form

Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Email: _____

Please cancel my recurring monthly payment to the Severna Park Community Center for my monthly fitness center membership as of _____. The cancellation date must at least be at the end of the current 30 day membership period.

Reason for cancelling:

Suggestions:

Member Signature: _____

Date: _____