Staff Initials: _____
Membership Expiration Date: _____

Little Elm Recreation Center
Membership Cancellation Form

Please Print

Date: _____

Name: _____

Address: _____

City: _____Zip:_____

Phone #: (h)_____ (w)_____

NEW Mailing Address: (if different from above) _____

NEW Phone #: (if different from above) _____

All check refunds take approximately 6-7 weeks processing by the Town of Little Elm and are made out to the main contact of the account.

Membership Cancellation

Please list ALL names being cancelled:

1._____ 5._____
2._____ 6._____
3._____ 7._____
4._____ 8._____

Reason for Cancellation:

_____
_____
_____
_____

Original Payment Method (circle one):

Check/Cash EFT (monthly payments) MasterCard/Visa/Discover

Signature of person filling out form: _____ Date: _____