



Cancellation Request

Please complete this form and mail it to our school.
If more than one member, complete one form for each member.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Mail this form to:

Eastern Defensive Arts
238-9 S. West End Blvd
Quakertown PA 18951

Reason for Cancellation:

Moving Financial Health No Time

Other (or please explain above): _____

Not Happy With:

Facility Staff Location Schedule Curriculum

Other (or please explain above): _____

CANCELLATION POLICY:

Members may cancel their monthly membership by giving Eastern Defensive Arts Academy 30 days written notice of termination. Member is responsible for any dues that fall within that 30 day time frame.

The termination notice date will be based on the date post-marked on the mailed envelope.

Signature

Date