



BEYOND GRAPPLING CLUB

Cancellation request

Name: _____

Address: _____

Contact Details:

Ph: _____ **Email:** _____

SELECT MEMBERSHIP TYPE (Please Tick)

ADULT FULL TIME STUDENT YOUTH (16-17YRS)

Casual: 1 Session Per week
General: 2 Sessions Per Weeks
Serious: 3 Sessions per week
Addicted: 4 + Classes a week Unlimited

- I wish to cancel my membership with Beyond Grappling Club
- I understand if I am outside of the 30 day money back guarantee period that I am ineligible for a refund on any membership fees whether upfront or direct debit.
- I understand cancellations take 3 days to process and any direct debits that occur during this time will not be refunded.

Signature: _____ **Date:** ____ / ____ / ____

Beyond Grappling Staff signature: _____ **Date:** ____ / ____ / ____

FFA PAYSMART NOTIFIED – COPY RECEIVED Y N