



FRUITA COMMUNITY CENTER
PASS CHANGES & CANCELLATION REQUEST FORM

Please complete top portion and fill out the appropriate section for your change/cancellation request. All cancellations require 21 days prior written notice. Failure to meet this requirement will result in a charge of 30 additional days.

Pass Holder Information:

Name: _____ Phone: _____

Address: _____

Please choose one of the following options:

I would like to update my information:

Name: _____ Phone: _____

Address: _____

Email: _____

Credit Card #: _____ exp date: _____

Card type: Visa Master Card Discover American Express

I would like to change my membership type or add/remove member(s) on my account:

Current membership type: _____ New membership type: _____

Add/remove the following individual(s):

Name: _____ Add ___ Remove ___

D.O.B. ___/___/___ Male ___ Female ___

Name: _____ Add ___ Remove ___

D.O.B. ___/___/___ Male ___ Female ___

I am requesting to cancel my membership:

Name: _____

List of all member(s) to be cancelled: _____

Reason for cancellation: _____

Requested last billing date: _____

Signature: _____

Date: _____