

S.A.C. Clubhouse Pass Cancellation Form

Name _____

Member # _____

Phone # _____

Email Address _____

Please initial the following:

_____ I understand my Clubhouse Pass privileges will no longer apply, and I am now required to pay the participation fee for any programs or events my family attends.

_____ I understand I will be charged a \$10.00 activation fee if/when I restart my Clubhouse Pass in the future.

_____ I understand this form must be received by the last day of the month I intend to have the pass in order to avoid being charged an additional month.

_____ I understand that the Clubhouse Pass fee I have already paid cannot be reimbursed if I want to end my Clubhouse Pass privileges in the middle of a month.

(Signature)

(Date)

(For Office Use Only)

_____ S.A.C. Clubhouse Pass Cancellation Form Received

_____ S.A.C. Clubhouse Pass Number

_____ Date Activated _____ Date Cancelled

(Director Signature)

(Date)