



**Alpha Omega Sports Performance**  
**CrossFit AOP**  
**Request to Cancel Services**  
**cancellation.alphaomega@gmail.com**  
**850.377.1862**

To complete cancellation request, you must be current on client service fees. Submission of this request DOES NOT CONSTITUTE AUTOMATIC CANCELLATION, as all requests are subject to review by management.

- 1) **ALL cancellation requests require 30-day notice.** This will mean that, even when approved, there may be one additional charge to your account. Example: If your billing date is the 15<sup>th</sup> and you give notice on the 18<sup>th</sup>, your final charge will be for the 15<sup>th</sup> of the following month.
- 2) Please check reason for cancellation:
  - A) **Military Orders**
  - B) **Medical Disability**
  - C) **Other**  **\*Please note reason below.**
- 3) **Before canceling any account, service fees must be current.** You are responsible for all fees until your 30-day written notice takes effect.

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By my signature below, I acknowledge that I have read and understand the above requirements for cancellation of my client services agreement with Alpha Omega Sports Performance. I understand that my 30-day notice WILL NOT BEGIN until approved by management.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Current Phone Number

\_\_\_\_\_  
Date Submitted

Please state reason for cancellation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rate your overall satisfaction with Alpha Omega Sports Performance/CrossFit AOP.**

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Excellent                | Very Good                | Good                     | Fair                     | Poor                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How was the staff that assisted during your membership?**

1. Staff greeted you

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Staff was friendly

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Staff was available in a timely manner

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Staff answered your questions

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Staff was knowledgeable

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Staff offered advice

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Staff was courteous

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |