**IMPACT ACTIVITIES MEMBERSHIP CANCELLATION FORM**

 **Date:**

**First Name: Last Name:**

**Family Members (if any on family membership):**

**Address: City: State:**

**Zip Code: Phone Number:**

**Email:**

**Signature Date**

PLEASE COMPLETE THE FOLLOWING:

Facility Location:

⭘ The Courts of McKinney ⭘ Fretz Tennis Center ⭘ Samuell Grand Tennis Center

 ⭘ LB Houston Tennis Center ⭘ McLeland Tennis Center ⭘ Hamilton Tennis Center

Membership Type:

⭘ Individual ⭘ Family

Reason for Cancelling: