



IMPACT ACTIVITIES MEMBERSHIP CANCELLATION FORM

Date: ____/____/____

First Name: _____

Last Name: _____

Family Members (if any on family membership):

Address: _____

Email: _____ Phone Number: _____

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 Tennis Family Tennis Individual Pickle

Reason for Cancelling: _____
