



## Park Perks Loyalty Program Cancellation Form

Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please cancel my loyalty user annual fee to the Severna Park Community Center. This cancellation form must be submitted 45 days prior to January 1<sup>st</sup>.

Reason for cancellation:

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Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_