



LARAMIE RECREATION CENTER
P.O. Box C / 920 Boulder Drive Laramie, WY 82073
Phone: (307) 721-5269 Fax: (307) 721-5284
Email: parksandrecinfo@cityoflaramie.org

Membership Cancel/Change Request

Name of person(s) for requested change: _____

Address _____ City/State/ZIP _____

Phone _____ E-Mail Address _____

Name of person paying for the membership (if other than member): _____

CANCELLATIONS: Cancellations must be requested by the 25th of the month prior to the upcoming billing cycle on the 1st of the month. Cancellation are approved after the first full month; cancellations will not be considered during the pro-rated month

Monthly Membership: desired cancellation date: Last day of _____ (Month)

Annual Membership: desired cancellation date: Last day of _____ (Month)

1. Annual Memberships will be pro-rated based on monthly usage and will be refunded accordingly.
2. All balances due must be paid in full.
3. Memberships paid through payroll deduction will continue until the cancellation is approved.
4. It is up to the user to notify your payroll department of your cancellation request.
5. Cancellations are effective through last day of the calendar month.

❖ Important Information: Additional Members to be Cancelled, Forwarding Address, etc.

Member Signature (or Parent/Guardian for those under 18) _____ Date _____

For Office Use Only

Cancellation Effective Date: _____

Cancellation Approved by _____