

THE EARL B. AND STEPHANIE S. BLOMEYER HEALTH FITNESS
CENTER AT EMORY

LOCKER RENTAL CANCELLATION FORM

NAME _____ DATE _____

PHONE _____

EMPLOYER _____

This is to notify you of my intent to cancel my locker rental effective _____.
I understand that the **Earl B. and Stephanie S. Blomeyer Health Fitness Center at Emory must receive this notice by the 7th of the month** to be effective the 1st of the following month. Also, I understand that **I must clean out my locker and remove all items** upon termination of my locker agreement. This cancellation is effective only if all contractual obligations regarding payments have been fulfilled. I understand that I have full locker privileges at the fitness center until the end of _____.

MEMBER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Locker Cleaned out? ____yes ____no (check one) Staff Initials _____

Locker combination changed? ____yes ____no New Combination _____