



CANCELLATION OR FREEZE FORM

CARDHOLDER'S NAME

PLAYER'S NAME

FIRST

LAST

FIRST

LAST

ADDRESS

PHONE NUMBER

CHANGE REQUESTED (CIRCLE ONE)

CANCEL

FREEZE (\$5 FEE)

I hereby request that my membership with Ole Soccer to be discontinued.

FROM: _____
TO: _____

PROGRAM NAME (CIRCLE ONE)

SHINING STARS

SHOW BALL

OLE MINI STARS

ODA ACADEMY

OLE STARS

GK ACADEMY

OLE SUPER STARS

JUNGLE GYM

If we could have done one thing to keep you as a member, what would that have been?

DATE

STAFF INITIAL

MEMBER SIGNATURE

X