



THE GOLF CLUB
Chelsea Piers - Pier 59 • New York, New York 10011
212.336.6400 • www.chelseapiers.com/gc

CANCELLATION REQUEST FORM

Notice of cancellation must be submitted be in writing and may be faxed to 212.336.6410, delivered in person, or mailed via registered or certified U.S. mail to the Golf Club at Chelsea Piers, Pier 59, New York, NY 10011, attention: Member Services.

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____ Primary Phone _____

Preferred Date of Cancellation (mm/dd/yyyy) _____

Fax # or E-mail Required for Confirmation _____

CANCELLATION – For members with at least 12 paid months

Membership will end thirty (30) days after the form is received.

Reason for Cancellation

- | | |
|--|---|
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Relocation. New Address: _____ |
| <input type="checkbox"/> Not Enough Time | <input type="checkbox"/> Joined Another Club. |
| <input type="checkbox"/> Inconvenient Location | Please Name: _____ Why? _____ |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Other: _____ | |

CANCELLATION – For members with less than 12 paid months

3-Day Cancellation

You may cancel your membership without penalty or further obligation within three (3) days from your join date. Such notice shall be accompanied by your copy of the Membership Agreement and any evidence of membership previously delivered to the member. All monies paid pursuant to this agreement shall be refunded within fifteen (15) business days of receipt of such notice of cancellation. If the Buyer has executed a credit agreement to pay for all or part of any Golf Club's services, such agreement executed by the Buyer shall also be returned to Buyer within fifteen (15) days.

Relocation

You may cancel your membership if you move your residence more than (75) miles from the Golf Club. This situation requires written verification, which consists of a copy of a new lease, utility bill or bank statement. Dues charged during the month of cancellation will not be pro-rated.

Medical

You may cancel your membership if you have a medical situation in which a doctor will not allow you to play golf for at least six months. This situation requires written verification, which consists of a detailed letter from a doctor. Dues charged during the month of cancellation will not be pro-rated.

PLEASE NOTE: If you do not receive confirmation within 48 hours upon submitting your request, you must contact Member Services at 212.336.6400. Also, if you are submitting required written verification (for members with less than 12 paid months) separate from this form and do not receive confirmation within 48 hours upon submitting your verification, you must contact Member Services at 212.336.6400.

By signing below, I acknowledge that I have carefully read this form, that submission of this form does not guarantee a refund, and that all refunds and cancellations are subject to the terms outlined on this form and on the reverse of the Golf Club Membership Agreement.

Signature _____ Date _____
