



## Summit Sports Training Center PROGRAM CHANGE FORM

Date: \_\_\_\_\_

Athletes Name: \_\_\_\_\_

Would like to request:

- To cancel their membership with Summit Sports Training Center effective:
  - Immediately or
  - A specific date: \_\_\_\_\_
- To upgrade their current membership to the Summit Peak Performance program effective:
  - Immediately or
  - A specific date: \_\_\_\_\_
- To down grade their current membership to the Summit Base Performance Program effective:
  - Immediately or
  - A specific date: \_\_\_\_\_
- To put a hold on the membership during a specific time period specified below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

SSTC USE ONLY

Received by SSTC Staff \_\_\_\_\_ Date \_\_\_\_\_ Approved by SSTC Staff \_\_\_\_\_ Date \_\_\_\_\_