

CHAMBERLAIN STUDIOS OF SELF DEFENSE™

STOP MY BILLING

Bring this form to the Business Office or submit it by Fax or mail

Date:

Student Name(s): _____

Email: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Chamberlain Studios™ has been proud to serve you by providing the best in martial arts. Please take a moment to provide us with valuable feedback that will help to further improve our programs. Thank you.

	Excellent	Good	Fair	Poor
Instructors were knowledgeable and well trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class times were convenient and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities were clean and neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum was easy to understand and follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were kept current on CSSD events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how would you rate your experience with Chamberlain Studios of Self Defense™?	Excellent	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments? _____

Reason for stopping billing: Moving Financial Reasons No time Not using membership
 Work relocation Summer/Holiday Break Other: _____

Are you planning on returning to classes in the future? _____

If relocating, would you like to transfer your membership to a friend or family member? _____

I understand that I am resigning my membership from Chamberlain Studios of Self Defense. Please understand that it may take us up to two weeks to process this request due to holidays, weekends, etc. If we receive this document between the 1st and the 15th of the month, then you will not be billed for the next month. If we receive this form after the 15th, then you will still be billed on the 1st of the coming month. Billing will discontinue after that (Example #1: We receive your "Stop My Billing" form on the 12th of June. Result: You will not be billed for July. Example #2: We receive your "Stop My Billing" form on the 25th of June. Result: You will be billed for July. You will not be billed for August).

Name: _____

CSSD Staff: _____

Chamberlain Studios of Self Defense™ www.DallasKenpo.com

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Lakewood Dojo: 2114 Kidwell St., Dallas TX 75214

P: 214-351-5367 F: 214-366-3916 Email: Info@DallasKenpo.com