



The Golf Club at Cinco Ranch  
Arcis Players Club Cancellation Form

**Cancellation Policy**

**In order for the Golf Club at Cinco Ranch to stop charges to my credit/debit card;**

**I understand that I need to give the club written notification at least three (3) days prior to the beginning of the month.**

**Initials:** \_\_\_\_\_

**My account must have a “0” balance.**

**Initials:** \_\_\_\_\_

I \_\_\_\_\_, wish to cancel my Membership immediately. By signing this form I and/or my family members will be forfeiting all privileges associated with this program. Upon cancellation I agree to also turn over any membership cards that were issued during sign-up process.

**Membership Number:** \_\_\_\_\_

**Cell #** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Employee Initials** \_\_\_\_\_

Please email cancellation form to:

sbrown@arcisgolf.com