Canton Community Center Inc.
Member WARNING Form

201 North 7th Street, Canton, MO 63435 573-288-0550 www.cantoncommunitycenter.com www.facebook.com/cantonmocommunitycenter

Main Members Last Name	First Name	MI

Street Address	City	State	Zip Code

Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)	Effective date of Warning

Members Warned			Severity of Offence will dictate how many warnings that will be offered
Last Name	First Name	Date of Birth (mm/dd/yy)	Offence Number
Last Name	First Name	Date of Birth (mm/dd/yy)	Offence Number
Last Name	First Name	Date of Birth (mm/dd/yy)	Offence Number
Last Name	First Name	Date of Birth (mm/dd/yy)	Offence Number
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Reason for Warning:

Agreement:

I understand that the above listed member(s) or individual(s) has been issued a warning under my membership account. Signature does not indicate agreement to warning reason, but states I am aware of the warning. I understand that any damages to property or individuals' will result in charges being processed, and I can be billed for replacement of any damages and any medical bills associated with any incident after being warned. Any court cost, mediation, or collection of said billings will be my responsibility as the main member.

If you wish to provide on a separate sheet of paper any reason why you do not agree with this please initial here for record purposes X_____

Signature (s)

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Member Warning Agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date

The Canton Community Center is an equal opportunity provider and employer