

Client Cancellation Form

Please fill in and return this form to ben@benhoughtontherapies.com or via post to 8 School Avenue, Coxhoe, Durham, DH6 4EB.

This Model Cancellation Form is set out in the Consumer Contracts Regulations 2013 and provides a format which you may choose to use to inform me of your wish to cancel a booked session. The use of this Model Cancellation Form is not compulsory; instead you may contact me via text or phone call on 07353173298 or e-mail me (ben@benhoughtontherapies.com) stating your name, a description of the service concerned, and your desire to cancel. For your refund and cancellation rights, please see my website (www.benhoughtontherapies.com).

Your Details

Name:

Address:

Email:

Phone:

I _____ give notice that I would like to cancel my _____ session with Ben Houghton Therapies booked on (DD/MM/YY) ____/____/____ scheduled for (DD/MM/YY) ____/____/____.

Signature

Date
