

Today's Date: _____



REQUEST FOR FREEZE

This form informs the Management of Lady of Livingston that I wish to freeze my membership.

Please **initial** the following statements indicating you have read and understood all freeze terms that apply.

_____ **I am aware that Lady of Livingston requires a 30 day notice to freeze and I am responsible for any and all payments due upon time of freeze.**

_____ I understand that there is a minimum freeze of 1 month and a maximum of 6 months.

_____ I realize that by freezing my membership I will be charged a \$15 monthly freeze charge. I can freeze my membership at no cost if I provide a medical note establishing, from a licensed professional, a current physical disability that prevents me from safely participating in physical exercise.

_____ I acknowledge that by freezing my membership I will not be able to use the facility.

_____ If I'm still under contract, freezing my membership will extend my obligation date.

Name: _____

Membership # _____

Home Phone: _____

Email: _____

Reason for Freeze:

___ Vacation

___ Medical

___ Financial

___ Snow Bird

___ Lack of Use

___ Other

Comments

Member's Signature: _____

Authorized Staff Signature: _____

FOR CLUB USE ONLY

Processed Date: _____

Freeze Date: _____

Staff: _____