

Name: _____

Today's Date _____ / _____ / _____

Freeze Start Date: _____ / _____ / _____

(must be today's date or future date. No retroactive freezes permitted.)

Freeze End Date: _____ / _____ / _____ OR Open-Ended Freeze up to 90 Days

INITIALS
HERE

I understand and agree, the minimum freeze length of this request is 14 days and the maximum freeze length is 90 days.

INITIALS
HERE

I understand and agree, I am responsible for monitoring my freeze dates. My account will unfreeze on the requested end date, and my payments will resume or in the case of an open ended freeze, I am responsible to notify the Studio via email of my return date or my account will unfreeze automatically after 90 days and my monthly payments will resume.

INITIALS
HERE

I understand and agree, I may not cancel my membership while my account is frozen. Any cancellation while my account is frozen will be considered as 30 days from my return date.

PLEASE NOTE: You will not be able to book a class online while your account is frozen but you can call or email the studio to book a return class date and time, or you can fill out your return schedule below:

Class Date: _____

Class Time: _____

If you **DID NOT** choose an open ended freeze, and need to end or extend your dates, we would be happy to adjust your dates as long as they are within the 14 day minimum and 90 days maximum date range. Simply email us and we'll send you a Freeze Extension Receipt.

Signature: _____

A Freeze Receipt will be emailed to the email address provided in your online profile.

Office Use: _____