

## Membership Vacation Freeze Request

**Please print clearly. Return the completed form to Member Services at DCFL.**

**PLEASE NOTE:**

Requests for a vacation freeze will apply to all individuals included on the membership contract. All members on the membership contract must utilize the same term in full monthly increments. Requests for vacation freeze must be received 30 days in advance of the requested start date and are subject to the approval of the Member Services Manager. Requests received after the 1<sup>st</sup> of the month will go into effect the following month. Vacation freezes will not be made retroactively.

**\*\* Members may not use the facility during the freeze period without incurring additional charges.\*\***

### 1. Complete Member Information.

Be sure to include information on all members included on the membership contract.

Member Name(s) \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### 2. Identify Vacation Freeze Period.

- Freeze period must be a **minimum of one month and in full monthly increments only**; freeze does not have to begin on the first of the month.
- **Maximums: One Year membership = 6 months per term; Six Month membership = 3 months per term.**
- **Membership contract term will be extended by the number of approved vacation freeze months.**
- **Cost of Freeze = \$10 per month per member.**

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Total # of Months \_\_\_\_\_

Total Cost \_\_\_\_\_

(\$10 per month per member)

### 3. Complete Payment.

Vacation freeze payments must be made in advance. Payment options include cash, Visa or MasterCard, or check. Checks should be made payable to "Galloway Ridge, Inc."

I hereby agree that the above information is accurate and I authorize the Duke Center for Living and Galloway Ridge Inc. to amend my Membership Agreement and billing status accordingly.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Contract term extended to: \_\_\_\_\_ Change entered: \_\_\_\_\_

# Vacation Freeze



## Duke Center for Living at Fearington

[www.dukefitnessfearington.com](http://www.dukefitnessfearington.com)  
100 Clynelish Close  
Pittsboro, NC 27312  
Phone: 919-545-2133  
Fax: 919-545-2687