

Physical Address: 100 Clynelish Close • Pittsboro, NC 27312

Mailing Address: 3000 Galloway Ridge • Pittsboro, NC 27312

Phone: 919-545-2133 • Fax: 919-545-2687

## **Membership Vacation Freeze Request**

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

## PLEASE NOTE:

All members on a term 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 Mem			
Be sure to include in	formation on all membe	ers included on the member	ership term contract.
Member Name(s) & Account #'s			
Phone Number	(Home)	(Cell	l)
<ul> <li>2. Identify Vacation Freeze Period.</li> <li>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.</li> </ul>			
<ul> <li>Maximums: Annual membership = 6 months per term; Six Month membership = 3 months per term.</li> <li>Only memberships under contract term (versus Month to Month) will be extended by the number of approved vacation freeze months.</li> <li>Cost of Freeze = \$12 per month per member.</li> </ul>			
Start Date		End Date _	
Total # of Months	·	Total Cost _	(\$12 per month per member)
3. Complete Payment.  Vacation Freeze payments must be made by providing a credit card in advance. Your account will be debited each month for the allocated amount stated in section 2. Payment options include, Visa, MasterCard, American Express, Discover, 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
Member SignatureFOR OFFICE USE ON			Date

## Vacation Freeze



## Duke Center for Living at Fearrington

DukeFitnessFearrington.com 100 Clynelish Close Pittsboro, NC 27312 Phone: 919-545-2133 Fax: 919-545-2687