



DEPARTMENT OF
HEALTH AND EXERCISE SCIENCE

Adult Fitness Membership Freeze Form

This form is for members who want to temporarily suspend their billing cycle from the Adult Fitness Program. Please fill out this form and return to an Adult Fitness staff member prior to leaving. This will ensure accountability on our part in regards to your monthly billing. Enjoy your time away and we look forward to your return!

Member Name: _____ Member Signature: _____

Departure Date: _____ Return Date: _____ Today's Date: _____

Adult Fitness Director Signature: _____