



# Spa Member Hold Request

Notification is required one week prior to billing date.

Spa Member Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date for membership to be placed on hold (for a maximum of ONE month in a 12-month period):

Start Date (must be on the 1<sup>st</sup> of the month): \_\_\_\_\_

Reason for Hold: \_\_\_\_\_

Please initial below where indicated:

\_\_\_\_ I understand that I may place my membership on hold for one month (maximum) in any 12-month period, by submitting a **Spa Member Hold Request Form** at least one week in advance of the billing date (1<sup>st</sup> of the month).

\_\_\_\_ I understand that by placing the membership on hold it will extend my initial 12-month contract end date by one month.

Spa Member Signature: \_\_\_\_\_

*(MDS use only)*

Received by (Employee's Name/Date): \_\_\_\_\_

Processed by (Manager's Name/Date): \_\_\_\_\_