

VACATION ACCOUNT FREEZE

Printed Name: _____ Access #: _____

Please **FREEZE** my Logan Health Fitness Center account.

Month(s) Requested (Date must start on the 1st of a month) :

- I understand that in order to freeze for a given month Member Services must be notified *3 business days prior* to the month of the requested freeze. If I do not give the required notice, I understand that additional fees may be assessed.
- Maximum of two months each calendar year for a flat rate of \$25.00/month.
- During a freeze, account members are not able to access any of Logan Health Fitness Center locations using their Logan Fitness membership privileges, nor can they use their guest passes.
- If I paid a Year In Advance (YIA) I will be charged \$25.00/month at the time of request and my YIA payment will be extended one/two months.

Signature _____ Date _____

For more information, please contact the Member Services Office at 751-4107.

ACCOUNT CHANGE REQUEST: Received by: _____	Date: _____
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