



FITNESS ROOM MEMBERSHIP

CANCELLATION/HOLD

APPLICATION FORM

CLIENT INFORMATION

Name: _____

Phone Number: _____

CANCELLATION/HOLD DETAILS

Request Type:

Cancellation

> Medical statement attached?

Hold

> Timeframe requested: _____

> Medical statement attached?

CANCELLATION POLICY

- Refunds are as per the Community Recreation Policy (FIN-035). Refunds are prorated and include an administration fee (20%) unless the request is accompanied by a medical statement. Prorated refunds will be provided based on the date of the medical statement.

HOLD POLICY

- During the term of a 1 month, 3 month or 6 month membership, one (1) hold per purchase will be permitted.
- During the term of a 12 month membership, two (2) holds will be permitted.
- Minimum timeframe – 1 week
- Maximum timeframe – 3 consecutive months
- Application form submitted 48 hours in advance of the hold
- No backdating of holds (except with a medical statement)

SIGNATURE

The personal information on this form is collected by the District of Peachland for the purposes of processing this application, under the authority of Section 77 of the *Freedom of Information and Protection of Privacy Act*.

Participant Signature

Date

FOR OFFICE USE ONLY – **SAVE THIS FORM TO CLIENT PROFILE ON XPLOR**

TOTAL NUMBER OF DAYS FOR HOLD	
OLD EXPIRY DATE AND NEW EXPIRY DATE	
NEW DATE UPDATED ON XPLOR AND ENTRAPASS	
COMMENT ADDED ON ENTRAPASS	
FOB DISABLED	
REMINDER SET TO STAFF TO SET FOB AS VALID	