



Annual Membership Flex/Freeze Request

Member Name: _____ Address: _____

Telephone #: _____ Email: _____ Current Exp. Date: _____

Length of Freeze requested: _____ Reason for freeze: _____

*Freeze Start Date: _____ *Freeze End Date: _____

Member's statement

I understand that my Active Annual Membership can only be frozen one (1) time during the original 12-month purchase period for a minimum of 4 weeks and a maximum of 6 months. There is a \$10 fee assessed per month for each month the freeze is in effect. This fee must be paid at the time the freeze is removed and the pass is extended for the freeze period. Extensions will not be given for expired annual memberships or unused time passed in the membership period prior to the date the freeze request is received. There are no refunds given on memberships once frozen, and no refunds on the membership extension period resulting from the freeze. In the case of a Family Membership, the entire family will be frozen.

Member's Signature

Date

Staff's Signature

Date

Manager's Signature

Date

Please fax to 972-292-6601 or email to Memberships@playfrisco.org

Staff Use:

Current Exp. Date: _____ New Exp. Date _____ Fees Applied: _____

Date Paid: _____ Employee Initials: _____