



Physical Address: 100 Clynelish Close • Pittsboro, NC 27312
Mailing Address: 3000 Galloway Ridge • Pittsboro, NC 27312
Phone: 919-545-2133 • Fax: 919-545-2687

Membership Vacation Freeze Request

Please print clearly. Return the completed form to Member Services at DCFL.

PLEASE NOTE:

Requests for a vacation freeze will apply to all individuals included on the membership contract. All members on the membership contract must utilize the same term in full monthly increments. Requests for vacation freeze must be received 30 days in advance of the requested start date and are subject to the approval of the Member Services Manager. Requests received after the 1st of the month will go into effect the following month. Vacation freezes will not be made retroactively.

**** Members may not use the facility during the freeze period without incurring additional charges.****

1. Complete Member Information.

Be sure to include information on all members included on the membership contract.

Member Name(s) _____

Phone Number (Home) _____ (Cell) _____

2. Identify Vacation Freeze Period.

- Freeze period must be a **minimum of one month and in full monthly increments only**; freeze does not have to begin on the first of the month.
- *Maximums: One Year membership = 6 months per term; Six Month membership = 3 months per term.*
- *Membership contract term will be extended by the number of approved vacation freeze months.*
- *Cost of Freeze = \$10 per month per member.*

Start Date _____

End Date _____

Total # of Months _____

Total Cost _____

(\$10 per month per member)

3. Complete Payment.

Vacation freeze payments must be made in advance. Payment options include cash, Visa or MasterCard, or check. Checks should be made payable to "Galloway Ridge, Inc."

I hereby agree that the above information is accurate and I authorize the Duke Center for Living and Galloway Ridge Inc. to amend my Membership Agreement and billing status accordingly.

Member Signature _____ Date _____

FOR OFFICE USE ONLY:

Contract term extended to: _____ Change entered: _____

Vacation Freeze



Duke Center for Living
HEALTH AND FITNESS CENTER
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