



PRO-HEALTH & FITNESS CENTER HOLD

ARE YOU A HOSPITAL EMPLOYEE? Y / N

DATE: _____

FOR EMPLOYEES ONLY: A NEW PRD WILL BE NEEDED

BALANCE: _____

PLEASE LIST ALL NAMES AND ACCOUNT NUMBERS TO BE PLACED ON HOLD:

- 1) Name _____ Account # _____ - _____
2) Name _____ Account # _____ - _____
3) Name _____ Account # _____ - _____
4) Name _____ Account # _____ - _____
5) Name _____ Account # _____ - _____

Reason for hold: _____

I, _____, understand and agree that my membership at Health First Pro-Health and Fitness Center, will be changed to a HOLD STATUS to begin _____, 20 ____.

I understand and agree that the hold status can only be granted in full month increments. The hold must be given to Pro-Health in writing prior to the first day of the month for which the hold will take place, or you will be billed for that month.

I understand and agree that any current and/or past due charges must be paid in full at the time of my hold.

I also understand and agree that if my membership is on hold for more than one year I will be subject to pay a \$25.00 re-enrollment fee. A reactivation form must be filled out at the time of reactivating, and a pro-rate will be charged for the remainder of the month.

THIS IS TO BE FILLED OUT FOR ALL MEMBERS REMAINING ACTIVE:

I, _____, hereby agree to pay Health First Pro-Health and Fitness the sum of \$ _____ (per month), (pay period) for the remainder of members on account.

Attention members: You will be allowed two free 'holds' per membership, (single, double or family) per calendar year. After that your membership will be charged \$10.00 per hold.

Print Name: _____

Sign Name: _____

Staff Signature: _____