Program Freeze Form

To improve the quality of our service given to our members we have set up the following policies.

1. You can freeze your membership once per 12 month term for a 30 day period. At no additional cost.
2. The freeze guarantees the members spot, current rank & current tuition rate.

We require minimum of 2 weeks notice prior to billing date to freeze your account for month to month students, and a minimum of 30 days notice for students in a current membership agreement.

1. Freeze requests submitted without proper notice will not be considered. Tuition will not freeze instead your balance will be added to your new term upon your return.
2. All programs on freeze will automatically be reactivated at the end of the period without prior notice given to the member.
3. Freeze request must be in writing using this form and mailed, or emailed to us.

 Team O’Connor Martial Arts, 534 Broadway, Chesterton IN, 46304

 chestertonmaa@yahoo.com

Please print this information clearly

Member name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Freeze my account for 30 days, start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_end date\_\_\_\_\_\_\_\_\_\_\_

I understand the terms above and hereby comply with all the terms conditions of the freeze policy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

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For office use only

Accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_