



FROZEN MEMBERS

QUICK UNFREEZE & CLOSURE REQUEST FORM

Please Unfreeze My Coast Fitness Account Today and Apply the Three (3) Month Closure Credit to My Account Pursuant to Club Rules.

FIRST NAME: _____

LAST NAME: _____

BARCODE/PHONE NUMBER: _____

MEMBER SIGNATURE: _____

DATE: _____, 2020

- MAILING ADDRESS FOR NON-MEMBER ACCESS PASS -

Please Mail My One-Month Access Pass (\$99 Value) to Me At:

ADDRESS: _____

CITY: _____ CA, ZIP: _____

*Must be a Member in good standing at time of request.