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MEMBERSHIP FREEZE REQUEST

Member(s) Name & Tag(s) # (Please Print):	
am hereby requesting that my membership be frozen effecti	ve1 st , 2024.
understand that:	
 During this time, I will pay a monthly fee of \$10 Freeze requests must be submitted by the 27th day of the month following month Freezes start and are billed on the first of the month Once membership is reactivated, Boulderdash will charge month To unfreeze my membership, I must request in writing with I am not eligible for Membership Benefits during this time My billing information must be kept current and failure automatically cancelled after 30 days and any initiation 	e a pro-rated amount for the days remaining in the the restart date te to do so will result in my membership being
Signature	Date
Below is for Staff Use	

RGP Input_____

Date Received_____

Converge Input_____