



FREEZE REQUEST FORM

NAME: _____

TODAY'S DATE: ____/____/____

MEMBERSHIP TYPE: _____

Freeze Maximum Lengths & Costs (by Membership Type):

- 30 Day New Client Trial Membership: \$30/ freeze for 2 Week Maximum Freeze
- 6-Month PrePay Membership: 3 free freezes for up to 2 months total
- 12-Month PrePay Membership: 5 free freezes for up to 3 months total
- Monthly Memberships: \$30 per month for up to 4 months

FREEZE START DATE: ____/____/____ (Must be today's date or a future date).
No retroactive freezes permitted.

NOTE: For Freezes sent via email, the freeze will start the next business day (so we have time to process the request).

* If you send an email with a freeze form the day before your monthly payment date, you will still be charged the monthly payment. When you return from your freeze, you will have the time (already paid) for you to use. If you want to avoid being charged the monthly payment, you must email your freeze form in at least 2 business days prior to your billing date.

FREEZE END DATE: (Write end date or circle "Open-Ended Freeze" below)

____/____/____

OR

Open-Ended Freeze

Note: Open-Ended Freeze limited by Maximum Freeze Length (see above).

PAYMENT:

For New Client Trial Membership or Monthly Memberships, I authorize The Bar Method Miami to charge my credit card on file for the freeze fee of \$30/month while my account is frozen.

INITIAL: _____

SUBMIT THIS FORM AT THE FRONT DESK OR VIA EMAIL TO MIAMI@BARMETHOD.COM

Signature _____