



# YMCA of Callaway County HOLD REQUEST

Member Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_ - \_\_\_\_\_

### Please select one of the following reasons for hold:

- Student
- Medical Restriction
- Temporary Relocation
- Other: \_\_\_\_\_

**Hold Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hold End Date:** \_\_\_\_/ **30 or 31** / \_\_\_\_

The end date MUST be the last day of the month BEFORE you want your membership to resume.  
Example: If you want to resume coming in July, your hold end date would need to be June 30th.

I understand that the YMCA of Callaway County will automatically begin debiting my monthly dues from my bank/credit card account at the end of this hold. Maximum hold is 3 months unless approved by the Membership Director.

An email reminder will be sent to me one prior to end of hold period.

**The date of my last draft is:** \_\_\_\_\_ (MONTH)/\_\_\_\_\_ (YEAR)

**The date my draft will start again is:** \_\_\_\_\_ (MONTH)/\_\_\_\_\_ (YEAR)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

#### Office Use Only– STAFF MUST COMPLETE

Date form received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered Into Computer by: \_\_\_\_\_

Yellow Copy Given to Member       Verified by: \_\_\_\_\_