## **CrossFit PAX Membership Holds/Cancellations**

Name of Member	
Address	
City	State ZIP
Email address	
Phone Number	Date
	nip: rould like to upgrade or change your current embership and Autopay Agreement Form.
injury, or extended vacations over 1 we to 1 month in duration. It is the members	anold for extenuating circumstances such as work trips, eek (7 calendar days). <b>Holds are limited</b> pers' responsibility to notify CF PAX in writing via this old and submit the adjusted dates if they differ from the
Dates and reason for hold:	
of the date you need to cancel. This	ut if you have to, inform us in writing, via this form, must be done at least 5 days prior to next rged. Please leave any comments or feedback as to
SignatureI endorse these changes	

Additional info or questions: info@crossfitpax.com