



The First Coast Skating Academy

Change In Status Form

SKATER'S FULL NAME: _____

DATE: _____

OPTION 1 : PLACE ON HOLD

I would like to place the above membership on hold for the month of _____. I understand that the membership may only be placed on hold for one calendar month each year (July 1-June 30).

Initials: _____

OPTIONS 2 : CHANGE PAYMENT TYPE

I would like to change the payment method to (circle) **MONTHLY** / **BI-MONTHLY**. I understand that by doing so the monthly rate will change on the 1st of the next calendar month. If choosing **MONTHLY** I have attached the Credit Card Authorization Form.

Initials: _____

OPTION 3 : TRANSFER PROGRAMS

The FCSA is transferring me to the **HOCKEY DEPARTMENT**. I understand that the FCSA membership will be cancelled at the end of the current month and I will be contacted by the Hockey Department with Hockey 101 registration information.

Initials: _____

OPTION 4 : CANCEL MEMBERSHIP

I would like to cancel my FCSA Membership effective at the end of the 30-day notification period. By doing so I agree to forfeit all benefits associated with membership including, but not limited to, Learn to Skate USA class attendance. Should the 30-day notification period include the next month, my payment will be pro-rated which will ensure my account is current and no fees are due. I understand that I may take advantage of all Academy benefits at my current level up to the end of _____ (month).

Initials: _____

I, _____, am authorized to make this change on behalf of the above skater.
PRINT NAME

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY NOTES: _____

CUSTOMER SERVICE -

RECEIVED BY: _____

DATE: ___/___/___

ADMIN OFFICE -

RECEIVED BY: _____

PROCESSED ON: ___/___/___