



ALTERNATIVE WORKOUT FORM

Member Name: _____ Today's Date: ____/____/____

Date of Birth: ____/____/____ Email: _____@_____.

Address: (street) _____

City: _____ State: _____ Zip: _____

Phone: (h) (____)-____-____ (c) (____)-____-____ (w) (____)-____-____ X_____

PLEASE ANSWER THE SURVEY BELOW TO TELL US WHY YOU ARE LEAVING

"I want to leave RASCALS and I HAVE an exercise plan." GREAT! What is your plan?

I am working out at home. () I am exercising outside. () I am joining another club. ()

I will be returning to RASCALS! () (PLEASE remember it may be less expensive to stay than to leave and return!)

"I want to leave RASCALS and I HAVE NO exercise plan." NOT GREAT! What happened?

I am lazy*. () Not enough time*. () (Are you aware it takes as little as 10 min. per day 3 times per week to drastically improve your fitness?)

I am moving. () I have medical restrictions. ()

* Would you like to receive a FREE personal training session (\$55 value) to assist in getting motivated and show you how exercise can work into your schedule? YES** () NO ()

If you choose YES to the above **we will continue your membership, and a trainer will call you within 48 hours to set up your free session.** Please remember continuing your membership does NOT renew any form of commitment.

You can cancel your membership at any time. In order to cancel your membership, the club requires notification in writing. The preferred method of submission is by mail (certified is always the best because you have proof of receipt). Once the club receives your written cancellation, you will be billed one (1) additional billing cycle after receipt of cancellation, thereby allowing you to use the club for that additional period of time. You must surrender your membership card, send this form or a written letter along with a \$25 processing fee to Rascals Fitness, 58 Glocker Way, Pottstown, PA 19465 (North Coventry Members), to Rascals Fitness 463 West Ridge Pike, Limerick PA 19468 (Limerick members) or to Rascals Fitness 222 East Main Street, Collegeville PA 19426 (Collegeville members).

Comments: _____

Member Signature: _____ Date ____/____/____

Staff Name (print): _____ Date ____/____/____