



Pilates Add On to PC Membership
Effective 1/1/2024

Member Name(s) _____

CURRENT MEMBERSHIP NUMBER: PC _____

Please fill out for all Members in your family that intend to take Pilates classes:

Member 1 Name: _____

Birth Date: _____

Email: _____ Cell Phone: _____

Member 2 Name: _____

Birth Date: _____

Email: _____ Cell Phone: _____

Dependents:

<u>Name</u>	<u>Birth Date</u>	<u>Email (if 18+)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I authorize Red Hawk Golf and Resort to deduct monthly dues of \$60 per month from my current account on file. If I wish to cancel my Pilates membership, I must notify the Swim and Fitness center by filling out a cancellation form by the 10th of the month for the next month.

APPLICANT SIGNATURE(S):

Red Hawk Golf and Resort:

Signature of Applicant 1

Print Name: _____

Date: _____

Signature: _____

Signature of Applicant 2

Title: _____

Date: _____

Date: _____