



EXTENDED TIME GUARANTEE TIME-FREEZE REQUEST FORM

Rec'd by EMA Staff Member: _____

on (Date): ____/____/____

PLEASE TAKE THE TIME TO READ THIS FORM AND FILL OUT ALL RELEVANT INFORMATION.

STUDENT's Name: _____ Mobile: (____) ____ - ____

will be unable to attend class at Elite Martial Arts **from** ____/____/____ **until** ____/____/____ (must include start and end date) **due to:** _____

If Student is under 18 years old (Parent's and/or Buyer's Information):

PARENTS' Names: _____ **Mobile:** (____) ____ - ____

Email Address: _____ **Other:** (____) ____ - ____

Important information to note when applying for this Student service:

All Elite Martial Arts Students are able to temporarily freeze their Program's remaining time when they know in advance that they will not be able to attend class at Elite Martial Arts for four (4) consecutive weeks or more. If less than four (4) weeks, Student may instead attend extra classes to make-up the ones he/she missed. Students must give at least two (2) business days notice prior to freezing their Program's time. The *Extended Time Guarantee* freezes the TIME of the Program, not the payments. If Program is being billed monthly, the monthly payments will continue as scheduled (per the Student Agreement) until the Program is paid in-full. The Program will simply be extended by the same period of time that the Program is frozen.

Program Time-Freeze Service Conditions:

- To qualify for a Time-Freeze, account must be current and up-to-date.
- Program's Time-Freeze cannot be backdated.
- If you later wish to extend or shorten this Time-Freeze Request, notify us in writing or via email to: info@EliteMartialArtsFlorida.com

I have read, understand, and agree to the conditions:

Student/Buyer's Signature: **X** _____ **Date:** ____/____/____
(If you have any questions, please ask before signing.)

FOR OFFICE USE ONLY:

Current Program Type: 1-Year Basic 3-Year Premium / Elite Training Rollover / Month-to-Month

Payment type: Paid-in-Full Monthly Credit/Debit Card Billing (ASF) Monthly Credit/Debit Card Billing (Spark)

Entered in ASF: ____/____/____ by: _____ Name of ASF Representative notified/spoken to: _____

Entered in Spark: ____/____/____ by: _____

Expiration date has been changed from: ____/____/____ to: ____/____/____