



**Briggs Wellness Center**  
 399 Ninth St N., Naples, FL 34102  
 PH: (239) 624-2750 Fax: (239) 624-2751

**Whitaker Wellness Center**  
 2330 Immokalee Rd., Ste 1, Naples, FL 34110  
 PH: (239) 624-6870 Fax: (239) 624-6871

## NCH Wellness Hold/Cancellation Form

By signing this form, the member understands and agrees to the hold/cancellation policy as outlined below.

**PLEASE RETAIN YOUR COPY – IT WILL BE REQUIRED IN THE EVENT OF ANY DISCREPANCY.**

The copy must be dated and signed by a Wellness Staff member to be valid.

List names of all individuals that you are placing on hold or cancelling. Only annual members can cancel.		
Name	Action (Hold or Cancel)	NCH Scan Tag #
1.		
2.		
3.		
4.		

Date for hold status/cancellation to begin: \_\_\_\_\_

Email: \_\_\_\_\_

I understand and agree to the following: (initial each box)	Initials
Accounts must be paid in full prior to being placed on hold.	
Locker rentals may not remain active with an inactive membership status. Locker numbers are not guaranteed. Contents must be removed on or before membership hold date. Any items left in locker after hold date will be considered “abandoned” and held for 30 days and donated to a local charity. Annual lockers will receive remaining time upon membership reactivation.	
Monthly members may not cancel or place accounts on hold prior to the first month’s full billing cycle. Monthly dues is not prorated upon holds and/or cancellations.	
I understand and agree that the hold status is granted for a minimum of 4 weeks to a maximum of 12 months.	
Memberships placed on hold for more than 12 months will be automatically cancelled. Annual members will lose all remaining time on membership.	
Completed Hold/Cancellation Forms must be submitted by the 25 <sup>th</sup> of the month to avoid being billed for the following month. Refunds will not be provided for hold/cancellation forms received after this date.	
A \$25.00 reactivation fee will be charged upon reactivation for EACH monthly membership/account being reactivated. No reactivation fee will apply to annual members or members on medical hold with physician documentation.	
Scan cards are required at check-in. Replacement scan cards are \$10.00.	

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Wellness Staff Signature \_\_\_\_\_ Date \_\_\_\_\_