



HEALTHMILES™

GoZone Challenge

Returned GoZone
Confirmation Code _____

Member Name _____ Member # _____ Date of Birth _____ - _____ - _____

Address _____
City _____ State _____ Zip _____

E-mail Address _____ Phone _____

Dependents

			Member	Non-Member
First Name _____	Last Name _____	D.O.B. _____	<input type="checkbox"/>	<input type="checkbox"/>
First Name _____	Last Name _____	D.O.B. _____	<input type="checkbox"/>	<input type="checkbox"/>
First Name _____	Last Name _____	D.O.B. _____	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, participant and dependent(s) will automatically be enrolled into the HealthMiles program unless their GoZones are returned by June 26th to the same Spectrum Athletic Club location they were checked out from at the beginning of the Challenge. **Initial** _____

If the GoZones are not returned, participant and any dependents will each be billed on June 26, 2007 for the cost of the GoZone (\$25) in addition to July HealthMiles dues (\$10 for Spectrum members; \$20 for non-members) and last month's HealthMiles dues (\$10 for Spectrum members; \$20 for non-members), for a total of \$45 (or \$65). \$10/\$20 per month will be charged thereafter.

Participants and dependents enrolled in the HealthMiles program following the Challenge must adhere to HealthMiles cancellation policy.

I agree that Spectrum, its agents, employees and/or affiliates shall not be liable from any personal injury that I may sustain in as a result of the Challenge or the negligence of Spectrum, its agents, employees and/or affiliates.

Member: _____

Staff: _____

Date: _____

Club: _____

ACCOUNTING		
GoZone Fee:	\$	
July's Dues	\$	
Last Month's Dues:	\$	
TOTAL NOW DUE:	\$	
EFT AUTHORIZATION		
Membership Dues:	\$	+tax
Other:	\$	+tax
TOTAL EFT:	\$	+tax
Beginning Date:		
BANK ACCOUNT NUMBER: _____ <input type="radio"/> CHECKING <input type="radio"/> SAVINGS		
Credit Card: <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> AMEX <input type="radio"/> CHARGE CARD ON FILE		
CREDIT CARD NUMBER:	_____	EXP. DATE _____
I authorize The Club to electronically deduct ("EFT") my monthly dues, any past unpaid dues, and any other fees, taxes, or charges from the above accounts.		
X		