



PEDAL BEAT  
4, CP Ramasamy Road  
Abiramapuram, Chennai – 600028

## FREEZE REQUEST FORM

Name:

Class Schedule: ☐ Monday + Wednesday + Friday  
☐ Tuesday + Thursday + Saturday  
☐ Tuesday + Thursday

Time Slot:

Joining date:

Membership plan: ☐ Quarterly  
☐ Half yearly  
☐ Annual

Freeze start date:

Freeze end date:

I hereby declare that the particulars given by me above are true to the best of my knowledge.

Name:

Signature:

Date:

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### For office use

Approved and signed by:

Name:

Signature:

Date: