

2110 Main Street, Dunedin, FL 34698 • 727-282-1800 • www.RockSolidFitnessFL.com •

SCHEDULE NOTIFICATION FORM

MUST BE 10 DAYS PRIOR TO NEXT AUTO-PAY CYCLE

YOUR AUTO-PAY RATE WILL BE ADJUSTED FOR THE APPOINTMENTS MISSED

Client Name:	Date:
Start Date:	End Date:
Reason for missing your strength training appointments:	
Number of Appointments missed: If applicable, please cancel and reschedule all appoint	tments that fall with-in these dates.
Client Signature:	Date:
*****TO BE COMPLETED BY ROCK SOLID FITNESS STAFF*****	
[] Contact log completed?	
Auto-Pay date adjusted:	
Auto-Pay amount:	
Completed by:	Date:
NOTES:	