



Pay What You Can Referral Form

**Please complete this form and email to Mary at mary@coleharbourplace.com from a professional (work-related) email address.*

Your name & organization: _____
name *org.*

Your phone number: _____

Who are you referring (if this is for a family please see page 2.)

_____ *name* *D.O.B*

Phone number: _____

Relationship to the person: _____

Reason for referral: _____

Referee's address: _____

Please confirm the following with a check mark:

- I have discussed the “pay-what-you-can” aspect of this program with the person I’m referring. They understand they can pay anytime they like, any amount they like, and that their payment goes toward offering more community members free access.
- I have discussed this membership with my client and the expectations when holding this membership. We have discussed a plan for them to use the facility 2+ times per week. They understand this membership is active for one year from the activation date
- My client understands Cole Harbour Place’s rules and policies. They know if they have any issues with facility policies, that Cole Harbour Place team may reach out to me, the referrer, for support
- My client understands that their membership must be picked up, activated, and in use within one month of the certificate issue date. They also understand if their membership goes unused for two months, it may be swapped for another form of access (such as a punch card.)
- My client understands they will have to provide a piece of photo I.D., a street address, and have their photo taken to activate their membership.
- My client has already set up an HRM MyRec account or will set one up before arriving to activate their membership (once approved.)

Referrer signature and date: _____

Please provide 3-5 business days to process this request. You will hear by email once the form is processed.

