



ZATZMAN SPORTSPLEX

Community Access Program

PWYC Membership Referral

Please complete the form and send to Elizabeth at ohanlee@halifax.ca.

Name(s): _____

Address: _____

Type of membership: _____

*Please note: If you're requesting a family membership, please provide all names in the household on this form.

Pay-what-you-can memberships:

- Have no cash value.
- Are valid for the person to whom the membership is issued.
- Are active when used on a regular basis. Memberships not being used are subject to cancellation.
- Can be revoked if the member does not follow facility rules and regulations.

By signing off on this referral, I confirm that the person being referred does not have the means to pay for a full price membership at the Zatzman Sportsplex. Please send this form to Elizabeth O'Hanley via email at ohanlee@halifax.ca. She will contact **the referree** by email when the membership is ready.

Referree name: _____

Organization: _____

Signature: _____