



**ZATZMAN  
SPORTSPLEX**

## Pay What You Can Membership Referral Form

\*Please complete this form and email [info@zatzmansportsplex.com](mailto:info@zatzmansportsplex.com) from a professional (work-related) email address with the subject line 'PWYC'

Your name & organization: \_\_\_\_\_  
Name organization

Your phone number: \_\_\_\_\_

Who are you referring? (if this is for a family membership, please see page 2):

\_\_\_\_\_  
Name D.O.B

Relationship to this person: \_\_\_\_\_

Reason(s) 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 access.

The payment amount the person I am referring has agreed to pay is: \_\_\_\_\_/month  
(must be greater than \$0)

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 the Zatzman Sportsplex rules and policies. They know if they have any issues with facility policies, that the Zatzman Sportsplex team may reach out to me, the referrer, for support.

My client understands that upon approval of their application, 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, their membership may be cancelled.

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).

My client does not have another membership to another HRM facility.

If this is a family membership, please list all family members here. Please note, all family members must live in the same household and be immediate family.

Name	D.O.B	Relationship to primary membership holder
Name	D.O.B	Relationship to primary membership holder
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Name	D.O.B	Relationship to primary membership holder

PLEASE READ THE FOLLOWING:

We only allot a finite number of PWYC Memberships at a time.

Because of this, as other PWYC Memberships expire, new ones are added.

This means that it may take some time between when this referral is submitted to when it is processed as we wait for a PWYC to expire.

Referrals are processed in order of submission.

Our PWYC Memberships require approval; a referral does not necessarily mean your client will receive a Membership.

**PLEASE INFORM YOUR CLIENT THAT IT MAY TAKE UP TO A YEAR FOR THEIR REFERRAL TO BE PROCESSED.**

**PLEASE DO NOT CONTACT US REGARDING TO STATUS OF YOUR REFERRAL.**

Referrer signature: \_\_\_\_\_ Date: \_\_\_\_\_