

YouFit Health Clubs, LLC Settlement Claim Form

Case No. 18-CV-61722-WPD

Return this Claim Form to:
YouFit Health Clubs, LLC, c/o JND Legal Administration, PO Box 11037, Seattle, WA 98111-9037.

Questions? Visit www.YFTCPAsettlement.com or call 1-833-759-2986.

DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY NOVEMBER 15, 2019, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION		
First Name	Middle	Last Name
Street Address		
City	State	Zip Code
Telephone Number on the Date you Received an Autodialed Call or Text Message: (_____) _____ - _____		
Current Phone Number: (_____) _____ - _____ or <input type="checkbox"/> check if same as above <i>(Please provide a phone number where you can be reached if further information is required.)</i>		
Email Address	Claim ID	
CLASS MEMBER VERIFICATION		
By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Class (defined as: All persons who between or on July 25, 2014 through May 15, 2018 (1) were sent a text message from YouFit related to the offering of YouFit's products or services, (2) who were not members of YouFit at the time he or she was sent the text message, and (3) who did not consent to receive the text messages.)		

Additional information regarding the Settlement can be found at www.YFTCPAsettlement.com		
I declare under penalty of perjury that the foregoing is true and correct.		
Signature: _____		Date: _____
Print Name: _____		
If you have questions, you may call the Settlement Administrator at 1-833-759-2986.		