Active Advantage Class Action
c/o Claims Administrator
P.O. Box 43425
Providence, RI 02940-3425

ANM

Must Be Postmarked
No Later Than
January 9, 2017

Weight v. The Active Network, Inc.,
Case No. 37-2014-00004713-CU-AT-CTL

Active Advantage Claim Form

Use this claim form only if you are a California consumer who, from January 1, 2010 through December 31, 2013, enrolled in Active Advantage on a pop up page; have not already received a full refund of Active Advantage membership fees; and have not used Active Advantage to obtain a discount or other benefit (except a discount or benefit received at the time of initial enrollment).

CLAIMANT INFORMATION

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation

Email Address for Administrator to contact you regarding your Claim

Email Address used with Active Advantage Membership (if different than above and if known)

Area code — Telephone number — —

I affirm that I paid fees for Active Advantage for which I am seeking a refund, and I do not believe I have previously received a refund of my Active Advantage fees or have used Active Advantage to obtain a discount or other benefit (except a discount or benefit received at the time of initial enrollment).

Signature: _____ Dated: _____

Tell us why your Claim Form is late:

_____

_____

Please submit your Claim Form to:

Active Advantage Claims Administrator, P.O. Box 43425, Providence, RI 02940-3425

FOR CLAIMS PROCESSING ONLY	OB	CB	DOC LC REV	RED A B