CANCELLATION / DATE / LOCATION CHANGE FORM

NAME OF I	RENTER:		
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: _			
CONTACT	PERSON:		
ADDITION	AL PHONE (if different fror	n above):	
ORIGINAL	LOCATION OF FUNCTIO	N:	
ORIGINAL	DATE OF FUNCTION:		
	I wish to cancel this reservation. I understand that if this cancellation is made within 30 days of the event, I will not receive a refund. Outside the 30 days, I will receive a refund for the amount of the deposit less a 20% handling fee.		
	I wish to change the date / location (circle one) of this event to: NEW DATE / LOCATION OF FUNCTION:		
	RENTER'S SIGNATURE		TODAY'S DATE
BANG	DUET MANAGER'S SIGNA	ATURE	TODAY'S DATE