

CANCELLATION FORM

NAME OF RENTER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

LOCATION OF FUNCTION: _____

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 of this event to:

NEW DATE OF FUNCTION: _____

RENTER'S SIGNATURE

TODAY'S DATE

BANQUET MANAGERS SIGNATURE

TODAY'S DATE