



EVENT CANCELLATION FORM

Customer/Company Name: _____

Event/Meeting Date: _____

Room/Facility: _____

Reason for cancellation: _____

I originally paid with: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	My refund will be in the form of: <input type="checkbox"/> MAILED CHECK – All cash and check transactions. <input type="checkbox"/> CREDIT CARD – Original card must be valid.
---	--

PAYEE INFORMATION	
NAME:	HOME PHONE :
ADDRESS/CITY/ZIP:	WORK PHONE :
E-MAIL ADDRESS:	CELL PHONE:

REFUND POLICY: Event cancellations made prior to 90 days of event will receive a refund, minus a cancellation fee of \$100. Event cancellations less than 90 days of the event will forfeit all monies paid to date (including deposit). Meeting rooms have a 7 day cancellation policy. Parks, fields, and tennis courts are non-refundable.

CUSTOMER'S Signature _____	Date _____
(Received by) STAFF Signature _____	Date _____