

Facility Change/Cancellation Form

Date of Request: _____ Change Cancellation

Name of Group: _____

Original Room Request

Name of Event: _____

Room Requested: _____

Event Date: (Month) _____ (Date) _____ (Year) _____
(Please attach additional dates and times)

Event Time: From: _____ To: _____

Contact Person: Name _____

Phone Number: (____) _____

Change/Correction Request

Name of Event: _____

New Room Scheduled: _____

Time: From: _____ To: _____

Date: (Month) _____ (Date) _____ (Year) _____

For Office Use Only

Change/Correction Completed:

Contact Person Notified:

Date Completed _____