

Wesbild Centre
3445 43rd Avenue Vernon, BC V1T 8P5
Phone: (250) 542-5623 Fax: (250) 542-5708

Cancellation Request Form

Contact Name: _____ Team/Group: _____

Address: _____

Phone #: (____) _____ - _____ Cell #: (____) _____ - _____

Fax #: (____) _____ - _____

E-mail Address: _____

Facility Name: _____ Contract #: _____

Cancellation Date(s) - (Month/Day/Year):

- 1.) _____ Time: From: _____ am/pm To: _____ am/pm
2.) _____ Time: From: _____ am/pm To: _____ am/pm
3.) _____ Time: From: _____ am/pm To: _____ am/pm
4.) _____ Time: From: _____ am/pm To: _____ am/pm
5.) _____ Time: From: _____ am/pm To: _____ am/pm

Reason:

X
Signed _____ Date _____

Please refer to your rental agreement for the cancellation policy.

Office Use Only:

Date Authorized: _____ Authorized By: _____

Please return form by fax to the Wesbild Centre at (250) 542-5708