

REFUND SCHEDULE & CANCELLATION

POST EVENT REFUND SCHEDULE (to be completed after the event)

Refund Date: _____ Event Date: _____

Lessee Name: _____

- Full refund approved Refund denied Refund transferred
 Partial refund approved \$ _____ *Partial Refund Amount*

Rental Condition / Refund Notes:

Total Deposit Paid	Total Room Fees Paid	Total Tech Fees Paid	Total to Refund	Date Refunded

Deposit Amount to Transfer	Room Fees to Transfer	Tech Fees to Transfer	Date Transferred	New Event Date

Refund issued to: _____

Street Address: _____

City, State, Zip: _____

Gateway Approval: _____ **Date:** _____

- Check required Deposit returned to credit card

Please note: _____

EVENT CANCELLATION (to be completed only if event is cancelled)

- Full refund approved Refund denied
 Partial refund approved Refund transferred
 \$ _____ *Partial Refund Amount* _____ Days from event

Cancellation Notes:

By signing below, I acknowledge that I have cancelled my event scheduled for _____. My signature confirms that the above information is correct and that as the renter I have the right to cancel this event. I also acknowledge that by cancelling this event I am making the date and room(s) originally rented available to another renter.

Sign Here: _____ Date: _____