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[www.kaltireplace.ca](http://www.kaltireplace.ca)



# Cancellation Request Form

Contact Name: \_\_\_\_\_ Team/Group: \_\_\_\_\_ Contract # \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Cancelled Date(s) Requested:**

**Location**

- |            |             |       |           |       |       |
|------------|-------------|-------|-----------|-------|-------|
| 1.) _____  | From _____  | am/pm | To: _____ | am/pm | _____ |
| 2.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 3.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 4.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 5.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 6.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 7.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 8.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 9.) _____  | From: _____ | am/pm | To: _____ | am/pm | _____ |
| 10.) _____ | From: _____ | am/pm | To: _____ | am/pm | _____ |

X \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please be advised, that all booking requests are due by 10:00pm on Mondays. Requests received after this, will be looked at the following week. Contracts will only be updated once a week and sent back to you by the end of day on Thursday.*

**Office Use Only:**

Date Authorized: \_\_\_\_\_ Authorized By: \_\_\_\_\_

Please return form by email ([bookings@vernon.ca](mailto:bookings@vernon.ca)) or fax: 250- 542-5708