EMS CANCELLATION / CHANGE
(CIRCLE ONE)

RESERVATION# OR BOOKING #_____________________ SPACE REQUESTED: ____________________

ORGANIZATION SCHEDULED:________________________________________________________________

DATES: FROM ___________ TO ______________ HOURS: FROM __________ TO ___________

ALTERNATE SPACE:_______________________________________________________________________

REASON:

ADDITIONAL ORGANIZATIONS: (same date/reason/activity)

RESERVATION# OR BOOKING #_____________________ SPACE REQUESTED: ____________________

ORGANIZATION SCHEDULED:________________________________________________________________

DATES: FROM ___________ TO ______________ HOURS: FROM __________ TO ___________

ALTERNATE SPACE:_______________________________________________________________________

REASON:

RESERVATION# OR BOOKING #_____________________ SPACE REQUESTED: ____________________

ORGANIZATION SCHEDULED:________________________________________________________________

DATES: FROM ___________ TO ______________ HOURS: FROM __________ TO ___________

ALTERNATE SPACE:_______________________________________________________________________

REASON:

NOTES:

SUBMITTED BY: ___________________ DATE: ____________
(School) (Signature) (Rev. Sept 2016)