



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: _____
(School)

DATE: _____
(Signature)