

Campus Services Cancellation/Modification Form

Cancellation

Event Name: _____

Date/Time: _____ Location: _____

Sponsor: _____ Event Number: _____

Modification

Event Name: _____

Previously Scheduled Date/Time: _____ New Date/Time _____

Previous Location: _____ New Location: _____

Sponsor: _____ Event Number: _____

*Please attach your confirmed Facility Reservation Form along with this form.

Notifications

Signature Dept. Date Signature Dept. Date

Signature Dept. Date Signature Dept. Date