

UNIVERSITY of TORONTO MISSISSAUGA  
DEPARTMENT OF PHYSICAL EDUCATION, ATHLETICS AND RECREATION

**- CANCELLATION REQUEST FORM -**

**DECLARATION:**

Please accept this form and its contents as our official request to cancel our existing contract with the  
University of Toronto, Department of Physical Education  
Date: \_\_\_\_\_.

**RENTER'S INFORMATION**

Please provide us with the following information about your organization. (Please print clearly)

*Organization Name:* \_\_\_\_\_

*Individual Completing Request* \_\_\_\_\_

*Date of Requested Cancellation:* \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ E-mail: \_\_\_\_\_

*Reason for Cancellation Request:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS & DISCLAIMER:**

I understand that the following conditions will be applied to my cancellation request:

- \$50.00 administration fee
- Cancellation will commence (either) *30 days after date of request* or *as of date indicated above*)

I have read the above conditions and understand that I/we are responsible for payment of fees up until the cancellation date.

Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: This disclaimer MUST be signed in order for us to process your cancellation request.

**REVIEW OF RENTAL: To be completed by Department of Physical Education, Athletics and Recreation**

*Request received (date):* \_\_\_\_\_

*Request processed (date):* \_\_\_\_\_

*Cancellation Fees applied to account:*      **YES:** \_\_\_\_      **NO:** \_\_\_\_

*If no please specify:* \_\_\_\_\_

*Staff processing request:* \_\_\_\_\_ . *(Print name)*