

**- 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 Mississauga, Department of Recreation, Athletics and Wellness.

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:**

Conditions & Disclaimer:

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

- \$50.00 administration fee if submitted 20 business days prior to the start of the rental
- Cancellation will commence (either) **20 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 Recreation, Athletics and Wellness staff

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

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

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

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

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