

ST. EUGENE  
CANCEL ROOM RESERVATION FORM

DATE OF TODAY \_\_\_\_\_

DATE OF EVENT ON CALENDAR: \_\_\_\_\_

NAME OF THE SCHEDULED GROUP: \_\_\_\_\_

\_\_\_\_\_

PERSON WHO IS REQUESTING FOR CANCELLATION OF EVENT

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS (HOME, WORK OR CELL)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOES THIS EVENT NEED TO BE RESCHEDULED? \_\_\_\_\_

THANK YOU