

COMPANY: _____

FAX: _____ DATE: _____

Vose seminary Cancellation Form



Confirmation will be sent once this form has been completed and received by the office.

Company: _____

Date/s of booking: _____

Room/s booked:

Lecture Room 1

Lecture Room 2

Conference Room

Chapel

Library

Dining Room

Tea Making Facilities

This is to acknowledge that we wish to cancel the above booking.

Company: _____

Address: _____

STREET

SUBURB

Contact Name: _____

Telephone: _____

Business: _____

Mobile: _____

Fax: _____

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Office Use Only

Cancellation Form Received: Date: _____ Signed: _____