

PARKS RESERVATION CHANGE or CANCELLATION REQUEST

HOUSEHOLD INFORMATION

NAME _____ NAME _____
(Adult's first and last name) (Adult's first and last name)

ADDRESS _____ ADDRESS _____

HOME # _____ WORK # _____ HOME # _____ WORK # _____

E-MAIL _____ E-MAIL _____

EMERGENCY # _____ EMERGENCY # _____

ORIGINAL RESERVATION INFORMATION

LAST NAME	RESERVATION #	LOCATION	DATE	TIMES

RESERVATION CHANGE REQUEST (\$10 fee for each reservation change)

LOCATION	DATE	TIMES	FEE

Total Fees Due: \$ _____

RESERVATION CANCELLATION REQUEST (\$10 fee for each reservation cancellation)

LOCATION	DATE	TIMES	REASON FOR CANCELLATION	FEE

Total Refund Due: \$ _____

_____ SIGNATURE REQUIRED: _____
Date Registrant (Parent or Guardian if under 18)

If additional fees are owed, please provide payment information as requested below. If a refund is due, original payments by credit card will be applied back to the credit card. All cash and check payments will be refunded by check from the Town of Perinton, following the next monthly audit.

INDICATE METHOD OF PAYMENT: CASH ___ CHECK ___ MASTERCARD ___ VISA ___ DISCOVER ___

CREDIT CARD NO. _____	EXPIRATION DATE _____	AMOUNT _____
SIGNATURE OF CARD HOLDER _____	NAME AS IT APPEARS ON CARD _____	