



**COVERED BRIDGE PARK
PAVILION RESERVATION
CANCELLATION FORM**

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____

GROUP/ORGANIZATION: _____

RESERVATION DATE: _____

PAVILION RESERVED: #1 (MARY ANN BUNGERZ) #2 (BILL DERRICOTT) #3

AMOUNT PAID: \$85 \$150

REFUNDS WILL ONLY BE ISSUED TO THE PERSON WHO PAID THE PAVILION RENTAL FEE

PAID BY (NAME): _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

*****ORIGINAL PERMITS MUST ACCOMPANY THIS FORM.*****

REFUNDS REQUESTS MUST BE RECEIVED NO LESS THAN FIVE BUSINESS DAYS PRIOR TO RESERVATION DATE. CANCELLATION FORMS CAN BE DELIVERED TO THE PERMIT OFFICE DURING NORMAL OFFICE HOURS (8:00 AM TO 4:00 PM). REFUNDS CHECKS WILL BE MAILED.

****For Office Use Only****

Approved By: _____

Date Approved: _____

Fee Refunded Date: _____