

Sharpe Pursuits, Inc.

A Full Service Event Company



CANCELLATION FORM

Customer Name: _____ Invoice No.: _____
Event Name: _____ Event Date (s): _____
Event Location: _____
Reason for Cancellation: ___ Inclement Weather ___ Other: _____

Customer Signature: _____ Today's Date: _____
Note: Please allow 30 days from the date of form submission for refund processing.

For Sharpe Pursuits, Inc. Use only:

Date cancellation form received: _____

Customer Payment History:

Non-Refundable Deposit – Date: _____ Amount: _____ Method: _____

Installment payments:

Amount	Date	Method	Amount	Date	Method
1. \$ _____	_____	_____	3. \$ _____	_____	_____
2. \$ _____	_____	_____	4. \$ _____	_____	_____

\$ _____ **Total amount of customer payments to date**

Event Expenses and Services currently secured and/or rendered prior to cancellation date:

Services/Labor:

Amount	Description	Expense or Service Type <i>i.e., services, labor, products, rentals or subcontractors</i>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

\$ _____ **Total expenses and services rendered**

\$ _____ **Amount eligible for refund (total installment payments less expenses)**

Cancellation Category

___ 60+ days (50%) ___ 31 – 59 days (25%) ___ 30 days or less (0%)

\$ _____ **Total refund due to customer**, Check #: _____ Check Date: _____

Authorized Sharpe Pursuits, Inc. Representative:

Name: _____ Signature: _____ Date: _____