



Cancellation Request Form

Please sign and date in writing, scan or take a digital picture and email the completed form to touoperations@iworksllc.com

I, _____ have authorized US Ghost Adventures (Merchant) to cancel my order.

Today's Date:

Booking Number:

Name of Credit Card Holder if Different:

Contact Phone Number and Email Address:

Original Payment Method (Please Indicate One):

Visa/ Mastercard / Discover / American Express / Cash / Other (please specify)

Last Four Digits of Credit Card Number:

Original Transaction Amount:

Date of Reservation:

Tour Name and Departure Date:

Guest Name(s):

Brief Explanation of Reasons for Cancellation Request:

I have read the Cancellation and Refund Policy at usghostadventures.com/refundpolicy
I agree that I have read and have agreed to all its content before making cancellation request.

X

Signature

Date of Cancellation Request

Print Name