



RESERVATION CHANGE REQUEST FORM

When complete, please fax to 404-525-0225 or e-mail to guestservices@sixthman.net

* Change forms must be submitted by lead passenger of reservation. Please submit one form per change. *

Name Change Add Guest Cabin/Room Change Other Change Cancel Reservation

Event Name: _____ Cabin/Room: _____

Requested By: _____ Date of Request: _____

Please define your change request or cancellation reason: _____

Who have you spoken to at Sixthman regarding this change? _____

NAME CHANGE INFORMATION

Name of the guest you are removing from your reservation (if applicable): _____

NEW GUEST INFORMATION

LEGAL * Name: _____ Phone: _____

*as it appears on passport

Citizenship: _____ Sixthman ID: _____

Address: _____ City/State/Zip: _____ / _____ / _____

DOB: _____ Gender: _____ Email Address: _____

Favorite Band on Event: _____ Special Medical Need(s): _____

Add insurance for new guest? Yes, please No, thanks

Emergency Contact Name: _____ Phone: _____

PLEASE ACKNOWLEDGE BY CHECKING THIS BOX:

I acknowledge that this request could result in a fee or payment forfeiture as prescribed by the event policies and/or ticketing contract. Any fee or forfeiture has been explained to me and I agree to pay as described.

Signature: _____ Printed name: _____

TO BE COMPLETED BY SIXTHMAN

Change completed by: _____ on Date: _____

If necessary, Insurance change form submitted by: _____