



Sixthman Reservation Change Request Form

Fax to 404-525-0225

**** 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: : Citizenship: _____ : : _____

*as it appears on passport

Sixthman ID: _____ Address: _____

DOB: : Gender: _____ : : _____ City/State/Zip: _____ / / _____

Email Address: _____ Top Band on Event: _____

Emergency Contact:

Name: _____ Phone: _____

Add insurance for new guest? (5% of per-person cruise cost)

Yes please No thanks

Special Medical Need(s): _____

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: _____