



## RESERVATION CHANGE REQUEST FORM

When complete, please fax to 404-525-0225 or e-mail to [guestservices@sixthman.net](mailto: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? (5% of per-person cruise cost)     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: \_\_\_\_\_