

Fax Request to Cancel Reservation

- 1. At least 3 business days (i.e., Monday through Friday) before your requested arrival date, complete the form below and fax it to (512) 389-8959.
- 2. We will process your request before the end of the next business day.
- 3. You will be notified via fax that the cancellation has been made.
- 4. If any refund is due, it will be credited to your credit card (or mailed, if you paid by check).
- 5. There is a fee charged for all cancellations.

Cancellation requests must be received at least 3 business days prior to arrival to allow sufficient time for processing. **PLEASE PRINT**

* Full Name		Customer ID # (if known)		
* Phone Number, Home	()	* Best times to call:		
Phone Number, Work * Fax Number (()	Best times to call:		
E-mail address	,	<u> </u>		
Mailing address				
City	ST _	Zip Code	<u> </u>	
I request that the fol	llowing reservations l		e is not included in drop-down li	ists below,
		` '	leave blank and hand-enter afte	
* Reservation Number	* Park		* Site Type	* Arrival Date
				-
_	_		_	
* Required Information -	- Any request without ade	equate information will	be returned.	
By submission of this fo	orm, you acknowledge tha	nt a nonrefundable fee i	s charged for each cancellation).
* Your Signature				