



Community Visit Cancellation Form
Addictions Recovery Program

Date : _____

Band Cancelling: _____

Band Staff Member Cancelling: _____

Workshop to be cancelled: _____

Reason for Cancellation: _____

If you are rescheduling the workshop, please fill out the community request form that can be found on our website at www.csfs.org

For Office Use Only

ARP Staff Member Receiving: _____

Date Received: _____

Confirmation of cancellation YES NO

