

ICE / FACILITY CANCELLATION FORM

Please fill in the following and submit your request to the Community Services Department.

Email: facilityrequest@westnipissing.ca Fax: 705-753-6636

APPLICANT INFORMATION

Name of Organization/Group/Individual:		Team name (ex. Atom HL + Sponsor Name) if applicable :	
Main contact person:		Email:	
Mailing address:			
Business phone:	Cell phone:	Fax:	
Alternate contact person:		Email:	

ICE CANCELLATION DETAILS

Facility Name (Verner or Sturgeon Falls)	Cancellation Date(s) (day/month)	Start Time (a.m./p.m.)	End Time (a.m./p.m.)	Contract #

Signature:

Date:

NOTE: Please refer to your ice rental contract for the cancellation policy.

FOR OFFICE USE ONLY:

Date received: _____