

ICE/FACILITY RENTAL REQUEST FORM

Please complete this form and submit your request to the Community Services Department.

Email: reccenterstaff@westnipissing.ca Tel: 705-753-0160

APPLICANT INFORMATION

Name of Organization /Group / Individual:	Team Name (ex. U15 HL + sponsor name) if applicable:
Main Contact Person:	Email:
Mailing Address:	Telephone #:
<input type="checkbox"/> Hockey <input type="checkbox"/> Skating	Are dressing rooms required: Yes <input type="checkbox"/> No <input type="checkbox"/>
# of Participants :	Game <input type="checkbox"/> Practice <input type="checkbox"/> (for minor hockey associations only)
Provision of Insurance: <input type="checkbox"/> * Own insurance <input type="checkbox"/> Purchasing through the Municipality * Minor hockey leagues and figure skating clubs must provide their own insurance. Insurance certificate of insurance will be required.	

REQUEST DETAILS

Facility Requested (Verner or Sturgeon Falls)	Date(s) (day/ month)	Start Time	End Time

Additional Comments :