Ice Time Request Form



Please complete this form indicating the dates and times that you are requesting for the current ice season and/or new or differing hours for tournaments or special events. All ice will be allocated according to the Municipality of Middlesex Centre Ice Allocation Policy.

Contact	Info	mation (All	information	on is require	ed.)	
Name of C)rgani	zation:				
Main Conta	act Pe	erson:				
Mailing Ad	dress	: 				
Phone Number:			Cell No	Cell Number:		
Email:						
Ice Time	Req	uested				
the priority	of sp	-	requesting m	ore than one. N		special event; etc.) and indicate able to book ice time for any
Arena:	☐ Komoka Arena ☐ Ilderton Arena					
When:	 □ Spring/Summer Season (Apr 1 – Aug 31) □ Fall/Winter Season (Sept 1 – Mar 31) □ Special Event/Tournament (Dates: 					
		Shinny/Pick-Up	Hockey AN	<u>ID/OR</u> □ S	skills and Drills	
Preferred	Days	/ i imes:				
Day of W	eek	Start Date	Start Time	Finish Date	Finish Time	Additional Notes
Insuranc	e					,
□ Liability	/ Insui	rance Provided	I <u>OR</u>	☐ Added to t	he Permit (fee	applies)
Centre" as ar	n additi	onal insured. For	groups that do r	not have their own	insurance prograr	naming the "Municipality of Middlesex m, the Municipality offers coverage s (contact information below).

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information will be used by the Municipality of Middlesex Centre to process the request and to ensure compliance with all applicable statues, regulations and by-laws. If questions, contact the Clerk's Office at 519-666-0190.

→ Please return request form to: Municipality of Middlesex Centre Komoka Wellness Centre, 1 Tunks Lane, Komoka, ON, N0L 1R0

P: 519-601-8022 x101 | F: 519-601-8122 | bookafacility@middlesexcentre.on.ca