Ice Time Request Form

Contact Information (All information is required.)



Please complete this form to request ice time for a special event, tournament, additional training, etc. Fill out one form per request and indicate the priority of requests if submitting more than one per season. Note we are unable to book ice time for any organization/person who has monies outstanding. Ice time will be allocated according to the Municipality of Middlesex Centre's Ice Allocation Policy.

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Name of Orga	niz	ation:							
Main Contact	Per	rson:							
Mailing Addre	ss:								
Phone Numbe			Cell Number:						
Email:									
ce Time Re	equ	uested							
Arena:		Komoka Arena OR		<u> </u>	☐ Ilderton Arena				
When:		Spring/Sumr Special Ever	· •	• .		Fall/Winter (Sept 1 – Mar 31)			
Activities:		Group Skate ☐ Shinny/Pick-Up Hockey ☐ Skills and Drills ☐ Ringette							
Supervision:		Parents or Guardians (on-ice) Coaches or Instructors (on-ice) Without Coaches or Instructors							
Ages:		under 18 years old <u>AND/OR</u> □ 18 years and older							
Preferred Day	ys/	Times:							
Day of Week		Start Date	Start Time	Finish Date)	Finish Time	Additional Notes		
nsurance		ones Duevides			_ 4	h a Damait (fa a			
Centre" as an ad	eme ditio	ents: All permits nal insured. For	require proof of groups that do r	\$2 million dolla not have their o	rs li wn	insurance prograr	applies) naming the "Municipalit n, the Municipality offe s (contact information b	rs coverage	

Personal information submitted on this form is collected under the authority of the Municipal Act, 2001, and will be used solely for purpose of addressing your request. Questions related to the use of this information should be directed to the Office of the Clerk at 519-666-0190 or clerk@middlesexcentre.ca.

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

P: 519-601-8022 x5101 | F: 519-601-8122 | bookafacility@middlesexcentre.ca