

# FACILITY/ICE BOOKING REQUEST FORM

Contract #

<b>Bill To:</b>	<b>Main Contact</b>		
<b>Address:</b>			
<b>Main Bus. Ph.:</b>	<b>Main Fax:</b>	<b>Main Res. Ph.:</b>	
<b>Main Cell Ph.:</b>	<b>Main E-mail:</b>		
<b>Secondary Contact</b>	<b>Secondary E-mail:</b>		
<b>Secondary Bus. Ph.:</b>	<b>Secondary Res. Ph.:</b>	<b>Secondary Cell Ph.:</b>	

**Event/Group Name** \_\_\_\_\_

<b>Area Requested:</b>	<b>WESBILD CENTRE</b>	<input type="checkbox"/> Ice Surface	<input type="checkbox"/> Grand room	<input type="checkbox"/> Concourse
		<input type="checkbox"/> Dry Floor	<input type="checkbox"/> Boardroom	<input type="checkbox"/> Parking Lot
<i>(please use separate forms for each arena)</i>	<b>CIVIC ARENA</b>	<input type="checkbox"/> Ice Surface	<b>CENTENNIAL RINK</b>	<input type="checkbox"/> Ice Surface
		<input type="checkbox"/> Dry Floor		
	<b>PV ARENA</b>	<input type="checkbox"/> Ice Surface	<input type="checkbox"/> Off Ice Room	
		<input type="checkbox"/> Dry Floor		

Date: _____	Time: _____	AM/PM to _____	AM/PM
Date: _____	Time: _____	AM/PM to _____	AM/PM
Date: _____	Time: _____	AM/PM to _____	AM/PM
Date: _____	Time: _____	AM/PM to _____	AM/PM
Date: _____	Time: _____	AM/PM to _____	AM/PM

*(date format should be: Month/Day/Year)*

**Signature X:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments/Additional Equipment Required:** \_\_\_\_\_

**OFFICE USE ONLY:**

**Entered By:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_