ICE APPLICATION FORM

Allocations Office, Lawson Civic Centre
c/o City Hall
Saskatoon SK S7K 0J5
Phone: 975-3366 Fax: 975-2954

TEAM NAME OR GROUP NAME:

LEVEL OF PLAY:

MEN ☐ WOMEN ☐ MINOR ☐

SPORT:

HOCKEY ☐ FIGURE SKATING ☐
RINGETTE ☐ SPEED SKATING ☐
BROOMBALL ☐ OTHER ☐

USED FOR:

PRACTICE ☐
LEAGUE GAMES ☐
TOURNAMENT/SPECIAL EVENT ☐

APPLICANT NAME: _____

ADDRESS: _____

POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHONE NUMBERS

Home: _____ **Work**: _____

Fax: _____ **Cell:** _____

ALTERNATE APPLICANT NAME: _____

ADDRESS: _____

POSTAL CODE: _____

E-MAIL ADDRESS: _____

PHONE NUMBERS

Home: _____ **Work**: _____

Fax: _____ **Cell:** _____

	DAY REQUESTED (ie)MON	TIME(S) REQUESTED (ie) 6:30 - 9:30 pm	BEGINNING DATE OF USE	ENDING DATE OF USE	RINK REQUESTED
1st					
2nd					
3rd					

Did your group have a seasonal permit or special event with the city during the last season? Yes ❑ No ❑

If yes, in what name (s) _____

Special instructions/requirements, additional information: _____

Applicant Signature: _____ Date: _____