

ICE RENTAL REQUEST FORM

Instructions:

Please complete this form indicating the dates and times that you are requesting.
The City reserves the right to reject applications and requests from users who submit forms which are not complete or contain incorrect information.

Return completed form to Community Services, c/o Facility Booking Clerk,
 525 Proctor Street, Williams Lake, BC V2G 4J1, E-mail: bschick@williamslake.ca;
 Phone: 250-392-1790; Fax 250-398-7884.

Organization/Individual:			
Organization:		# of participants (required for insurance purposes)	
1 st Contact Person:		Position:	
Address:		E-mail Address:	
Municipality:		Postal Code:	Province:
Telephone Number:	Fax:	Cellphone:	
2 nd Contact Person:		Position:	
Address:		E-mail Address:	
Municipality:		Postal Code:	Province:
Telephone Number:	Fax:	Cellphone:	
Insurance:			
All users are required to provide proof of general liability insurance in the amount of \$2 million naming "The City of Williams Lake" as additional named insured <u>prior to start of rented Ice time.</u>			
Groups without insurance, occasional users and other users may purchase insurance through the City of Williams Lake to meet this requirement at the time of ice booking.			
Signature:			
<i>By signing this form, I understand that this request does not guarantee a confirmed rental.</i>			
_____		_____	
Date		Signature	
Office use only			
Received by:			
Date received:		Date completed:	

Ice Requests:

Preferred Day(s)	<i>Ice Time Requested</i> Preferred time slot (i.e. 9-10 a.m.)	<i>Indicate Desired Ice Activity</i>	<i>Comments</i>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total hrs. Requested

Start date (please include actual start date):

End date (please include actual end date):

Dates not required (please list):

Other Comments: