TOWN OF SYLVAN LAKE
A Town For All Seasons

2007 / 2008 Ice Season - Multi-Purpose Facility
Ice Request Form

Organization (Club) Name: _____

Organization Mailing Address: _____

_____

Organization Ice Convenor:_____

Contact Phone #: (H)_____ (W) _____ (C) _____

Email: _____

Please indicate the numbers of hours for each day that your organization is requesting.

Day of Week	Number of Hours Requested
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

This is your organization / team's formal request for ice. Verbal requests and "same as last year" requests WILL NOT BE ACCEPTED. If you have any supplementary material, please attach it and submit the completed package by June 15, 2007.

Request Submitted by:

_____ _____ _____

Name (Please Print) Signature Date

Office Use Only:

Received by:_____ Date:_____

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The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Sylvan Lake. If you have any questions regarding the collection or use of the information please contact the FOIP Coordinator at 403.887.2141.