

Organization:

3-100 Haddington Street, Caledonia, ON N3W 1H6 Telephone (905) 318-5932 ext. 6507; Fax (905) 765-5716 cwhittle@haldimandcounty.on.ca

## **ICE REQUEST FORM**

Please complete this form indicating the dates and times that you are requesting for the current ice season. All ice will be allocated according to the Haldimand County Ice Allocation Policy. Completed forms should be returned to the Facility Booking Clerk by e-mail, fax or mail as per above contact information.

Main Contact:						
Address.						
Phone Number:						
Email Address:						
Secondary Contact:	act: Phone/E-mail:					
request (i.e. fall/winter s  Fall/Winter S  Regular ice to Special Even	Season ime	ent; special event; etc	ner			
ARENA	DAY (i.e. Monday)	DATE (month, date, year)	START TIME	FINISH TIME		

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ARENA	DAY (i.e. Monday)	DATE (month, date, year)	START TIME	FINISH TIME
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Please feel free to photocopy this form if you require additional pages.