



ICE RENTAL REQUEST FORM

Instructions: Please complete this form indicating the dates, times and facility you are requesting. All ice will be allocated according to the City of Owen Sound Ice Allocation Policy (copy available upon request or available on the City's website at <https://www.owensound.ca/en/resourcesGeneral/Documents/CS17---Ice-Allocation-Policy.pdf>). **The City reserves the right to reject applications and requests from users who submit forms which are not complete or contain incorrect information.**

Indicate season requesting ice for	Submission Date	Allocation Deadline
Fall/Winter (Sept-Mar)	January 15	March 15
Spring (April, May, June)	November 30	January 15
Summer (July & August)	February 15	March 15

Return completed form to Community Services, c/o Andy O'Leary, 808 2nd Avenue East, Owen Sound, ON N4K 2H4, E-mail: aoleary@owensound.ca; Phone: 519-376-4440 ext. 1255; Fax 519-376-6028.

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: ()		Cell Number: ()	
2 nd Contact Person:			Position:		
Address:			E-mail Address:		
Municipality:		Postal Code:		Province:	
Telephone Number: ()		Fax: ()		Cell Number: ()	
Insurance:					
All users are required to provide proof of general liability insurance in the amount of \$2 million naming "The City of Owen Sound" as additional named insured <u>prior to start of season.</u>					
Groups without insurance, occasional users and other users may purchase insurance through the City of Owen Sound to meet this requirement at the time of ice booking.					
Signature:					
_____			_____		
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 Preferred Rink</i> (i.e. Julie McArthur Regional Recreation Centre, Pad A West or Pad B East or Bayshore)	Comments
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:			