



WINTER ICE REQUEST FORM

APPLICABLE DATES:
AUGUST 15, 2018 - MARCH 31, 2019

Organization: _____ Contact Person: _____
 Telephone: _____ Email: _____
 Start Date: _____ End Date: _____

Day of Week	Hours Requested		
	Number of Hours	Time of Day	
		1 st choice	2 nd choice
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Special Events

Date	Type of Event	Time(s)

Please note that requests will not be finalized until confirmed in writing by the Recreation Manager or designate.

WINTER ICE REQUESTS DUE BY JULY 1, 2018
 Email to rec@kindersley.ca

Office Use Only: Request -- Approved Not Approved Needs to be modified
Notes: