

West Central Events Centre Ice Request Form

Fall Ice: August to May

Due: July 1st

Town of Kindersley
P.O. Box 1269, 106 5th Ave East
Kindersley, SK S0L 1S0
Phone: 306-463-1820
Contact: Shaelyn Atkinson
Email: recreation@kindersley.ca



For Office Use Only

Request # _____ Date Received: _____

Date Approved: _____

Community Group Information * Please fill out in full

Organization Name / Team Name: _____

Billing Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone: _____

Main Contact: _____ Telephone: _____

Alternate Contact: _____ Telephone: _____

Regular Season Practices

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

Age Group: _____ Number of teams in Age Group: _____

Number of Dressing Rooms Required: _____

***If the team is a mixed gender team, please inform the Recreation Program Coordinator so the proper accommodations can be made.**

Please note that requests will not be finalized until confirmed in writing by the Recreation Program Coordinator.