

West Central Events Centre Ice Request Form

Spring Ice: March April

Due: February 1



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.