

RENTAL APPLICATION

EVENT NAME: _____
(THE NAME OF THE PEOPLE WE WILL ASK FOR)

CONTACT PERSON(S): _____

CONTACT INFO:

MAILING ADDRESS _____
CITY _____
POSTAL CODE _____

PHONE NUMBERS

BUSINESS: _____
HOME: _____
CELL: _____

EMAIL ADDRESS: _____

DATE REQUESTED: _____
TIME REQUESTED: _____

ESTIMATED # OF GUESTS TOTAL: _____
ESTIMATED # OF GUESTS CURLING: _____

ICE RENTAL INFORMATION

_____ OF SHEETS (APPROX 6-8 PEOPLE PER SHEET)

	YES	NO
LOUNGE AREA REQUIRED -----	<input type="checkbox"/>	<input type="checkbox"/>
CATERING/FOOD REQUIREMENTS -----	<input type="checkbox"/>	<input type="checkbox"/>
CURLING INSTRUCTION REQUIRED -----	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT/BROOMS REQUIRED -----	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/QUESTIONS: _____

