



ONLINE APPLICATION FOR ICE/FLOOR/HALL/MEETING ROOM USAGE ONE TIME USE

*NOTE: This form is for applying for ice/floor time and hall/meeting room usage. This is not a contractual agreement. Confirmation will be sent.
All information must be completed.*

Today's Date:	Year:
Group Name:	
Person Responsible:	
Mailing Address:	
City:	Postal Code:
Telephone (Home):	Telephone (Cell):
E-mail:	

	DATE	TIME
Ice		
Floor/Pad		
Hall		
Meeting Room (WCC)		
	COLDWATER CC	WASHAGO CC

How many people are expected: _____

Ice/Floor/Pad Note: Ice time hour is 50 minutes					
Hockey Nets:	Yes	No	Music:	Yes	No
Dressing Rooms:	Yes	No			

Hall/Kitchen/Meeting Room								
Full Hall:	Yes	No	Half Hall:	Yes	No	Mtg Rm:	Yes	No
Kitchen:	Yes	No	Stove/Oven:	Yes	No	Dishwasher:	Yes	No
Caterer:	Yes	No	DJ/Band/Recorded Music:			Yes	No	
Tables/Chairs: You set-up/take down?	Yes	No	Elevator:			Yes	No	

Bar /Liquor Involved								
MAP:	Yes	No	Insurance:	Yes	No	SOP:	Yes	No

Additional Comments:

Office Use:		
Date Received: _____	Booked: _____	Invoice #: _____
Staff Signature: _____		