

# 2018 ICE RENTAL REQUEST FORM/Summer



15 Bridle Lane  
Westborough, MA 01581  
508-366-1562 x236

Date of Request \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Day(s) and Time Preferred \_\_\_\_\_

Date(s) Flexibility? Yes No Alternative Date(s) \_\_\_\_\_

Time Flexibility? Yes No Alternative Time(s) \_\_\_\_\_

Total # of hours requesting? \_\_\_\_\_ Ice Cut Needed? Yes No If Yes, when \_\_\_\_\_

Detail description of your event: \_\_\_\_\_

Is admission being charged? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Estimated # Skaters: \_\_\_\_\_ Estimated Spectators \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Conference Room Needed? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Referee(s) Needed? \_\_\_\_\_ Scorekeeper Needed? \_\_\_\_\_

Are all skaters members of either USA Hockey or United States Figure Skating? Yes No

**Required: DO YOU HAVE A CERTIFICATE OF INSURANCE?** Yes No

**IF NO, ALL SKATERS (including coaches, etc.) must sign and return Liability Waiver before skating. (see attached)**

<b>ICE FEE: \$210.00* / 60 MINUTE HOUR</b>	<b>TOTAL # HOUR: _____</b>	<b>TOTAL RENTAL: \$ _____</b>
<b>Method of payment: (circle) CHECK CASH CREDIT CARD**</b>	(**Please call 508-366-1562 ext. 221 for all credit card payments)	
<b>PAYMENT POLICY:</b>		
<ul style="list-style-type: none"><li>• All requests received within 2 weeks of ice rental date must submit <b>PAYMENT IN FULL WHEN INVOICED.</b></li><li>• All other requests must submit a <b>50% DEPOSIT WHEN INVOICED</b> and <b>BALANCE IN FULL 2 (two) weeks prior to ice rental</b></li></ul>		

**CANCELLATION POLICY: NO REFUNDS WILL BE ISSUED WITHIN 28 DAYS OF ICE RENTAL.**

Signature (contact) \_\_\_\_\_ Date: \_\_\_\_\_

RETURN FORM TO: JoAnne Bliss/[northstarbliss@aol.com](mailto:northstarbliss@aol.com)/NorthStar Ice Sports/ 15 Bridle Lane / Westborough, MA 01581

