|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **League / Team Name** | |  | | | |
| **Affiliation**  **(Please circle)** | Provincial Governing Body (HNB, Skate NB) | | School | Independent | Commercial/Business |
| **Level of Play**  **(Please circle)** | Youth Recreational\* | | Youth General A\*  Youth General B\* | Adult | Identify as (circle);  Female Male Coed |
| **Breakdown of Teams in Organization,** (# of teams and breakdowns U7, U8, U9, etc).Teams (identify as)- Coed (CE), Male (M)**,** Female (F). | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Names:** (Please note: All ice time requests will be reviewed – times provided in previous years are subject to change) | | | | | | | |
| 1st Name |  | | | 2nd Name |  | | |
| Address |  | | | Address |  | | |
| City |  | | | City |  | | |
| Postal Code |  | | | Postal Code |  | | |
| Phone (Home) |  | Work |  | Phone (Home) |  | Work |  |
| Cell |  | Cell |  |
| Email |  | | | Email |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Arena Preference (list 1st & 2nd choice) | **Time Preference** | | | | | |
| Days | | Dates | | Time | |
| Start | End | Start | End | Start | End |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Please note day/dates you wish excluded from your schedule (March Break, Christmas-New Year Period)**

|  |  |  |  |
| --- | --- | --- | --- |
| Arena Cancellation | Day(s) | Date(s) | Hour |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Indemnification and Insurance Requirements**

Yes, Organization/Group has own insurance and will provide a copy to the City of Saint John

No, Organization/Group does not have insurance and will require it through the City of Saint John’s insurance center

**Arena Ice Booking Acknowledgments**

I have read the following: By applying for ice with the City of Saint John, the above-named association/league/team recognizes its responsibility to allow participants the option to select or deny an informed consent request to share personal information with the City of Saint John for residency verification purposes. Failure on the part of the above names association/league/team to allow participants this option will deem all participants non-residents by default.

**Flash Ice Sales**

Yes, please include my email address listed above to the mail out communication for Flash Ice sales through the season.

|  |  |  |  |
| --- | --- | --- | --- |
| **We have read the attached ice time allocation and management policy** and on behalf of the above-named organization/league/team, we agree to abide by them. We also understand that we are personally responsible for the complete and full payment of all monies payable to: City of Saint John. We understand non-compliance will terminate our ice time. | | | |
| Dated: |  | Signed: |  |