



NORTH STAR YOUTH FORUM

2010 ICE REQUEST FORM



Date of Request _____

Name of Organization _____

Name of Contact: _____

Contact Information: Address: _____ Town: _____

Phone _____ E-mail _____

Date(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? No Yes, when? _____

Detail description of your event: _____

Is admission being charged? Yes No If yes, how much? _____

Estimated # Skaters: _____ Estimated Spectators _____

Additional Comments: _____

Conference Room Needed? Yes No If yes, when? _____

Special Requests: _____

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

Signature (contact) _____ Date: _____

DO YOU HAVE A CERTIFICATE OF INSURANCE? Yes No

RETURN FORM TO: JoAnne Bliss /North Star Youth Forum/ PO BOX 856/ NORTHBOROUGH, MA 01532

FAX: 508-366-0208 Email: northstarbliss@aol.com

Note: Please call 508-366-1562 x236 if you have not heard back within 3-5 days.

Office Use Only

Request received by: _____ ICE FEE: \$ _____ / _____ minute hour

TOTAL AMOUNT DUE: \$ _____ FINAL PAYMENT DUE BY: _____

PAYMENT SCHEDULE: Deposit: \$ _____ Due: _____ Payment: \$ _____ Due: _____

Payment: \$ _____ Due: _____ Payment: \$ _____ Due: _____

Approved: _____ J. Bliss _____ D. Marco _____ C. Boutillier

Liability Waivers Needed? No Yes Contract Needed? No Yes Insurance Certificate? No Yes

Not approved: (reason) _____

Ice Book Updated (date): _____ Confirmation email sent: _____