



# North Shore Winter Club

## Request for Spring Ice

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # : \_\_\_\_\_

Member # : \_\_\_\_\_

Name of coach/instructor who will be running the ice times: \_\_\_\_\_

Hockey Canada certification of coach who will be running the ice times: \_\_\_\_\_

Is your program for profit?  Yes  No

PLEASE FILL OUT ALL QUESTIONS

1. Start Date for Rentals:

2. End Date for Rentals:

3. Earliest Acceptable Weekday Start time:

4. Latest Acceptable Weekday Start time:

5. Earliest Acceptable Weekend Start time:

6. Latest Acceptable Weekend Start time:

7. Small Ice, Large Ice or Combination:

8. Number of Members with your Group:

9. NSWC Member responsible for Payment:

10. Group Name:

11. Age of Players:

If you have any questions, please contact [bmccuaig@nswc.ca](mailto:bmccuaig@nswc.ca)

