



4943-53 Street
Innisfail, AB T4G 1A1
Phone: 403-227-3376
Fax: 403-227-4045
www.townofinnisfail.com

ARENA (ICE) USE APPLICATION – 2010 FALL & WINTER SEASON

Please complete the following questions (PRINT CLEARLY)

1. Organization: _____
2. Category (please check):
 - a. Youth (3-17 years) or Adult (18+ years)
 - b. Innisfail Resident or Non-Resident
 - c. Commercial Business or Non Profit Organization
3. Mailing Address: _____
City/Town: _____ Postal Code: _____
4. President of Organization: _____
E-mail: _____ Res. Phone _____
Bus. Phone: _____ Cell Phone: _____
5. Booking Contact: _____
E-mail: _____ Res. Phone _____
Bus. Phone: _____ Cell Phone: _____
6. League Start-Up Date: _____
7. League Finish Date: _____
8. Registration Numbers:
Number of participants in 2008: _____
Expected number of participants in 2009: _____
9. Please list any interruptions in your schedule:

10. Please provide insurance details and include a copy of your certificate of insurance:



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11. Preferred Days, Times, Number of Arena Surfaces & Type of Use

If requesting time for a tournament or special event, please use the section at the end of this application

	MON	TUES	WED	THUR	FRI	SAT	SUN
SEPTEMBER 2009							
The Blue Arena is available for booking beginning September 8. No earlier requests will be filled. The Red Arena is not available for ice bookings in September.							
TIME OF DAY							
ARENA SURFACE (Red/Blue)	Blue	Blue	Blue	Blue	Blue	Blue	Blue
GAME OR PRACTICE							
OCTOBER 2009							
The Red Arena is available for booking beginning October 12.							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							
NOVEMBER 2009							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							
DECEMBER 2009							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							
JANUARY 2010							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							



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	MON	TUES	WED	THUR	FRI	SAT	SUN
FEBRUARY 2010							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							
MARCH 2010							
TIME OF DAY							
ARENA SURFACE (Red/Blue)							
GAME OR PRACTICE							

TOURNAMENTS/SPECIAL EVENTS

1. 1st Choice: Date(s): _____ Time: _____
2. 2nd Choice: Date(s): _____ Time: _____
3. Number of arena surfaces needed (check one): 1 or 2
4. Anticipated number of teams: _____ Number of Participants: _____
5. Expected number of spectators: _____
6. What time will you need for: set up _____ take down _____
7. Additional Comments/Notes:

PLEASE RETURN TO THE TOWN OFFICE BY MAY 4th, 2010

NOTE: Should you require assistance completing the application form, please contact Heather Fletcher, Community Facilitator at 403-227-7744