



Cariboo Memorial Recreation Complex

Ice Rental Request Form

The City reserves the right to reject applications and requests from users who submit forms which are not complete or contain incorrect information.

Return completed form to Community Services, c/o Facility Booking Clerk
 525 Proctor Street, Williams Lake, BC V2G 4J1
 E-mail: bschick@williamslake.ca; Phone: 250-392-1790; Fax 250-398-7884

Organization/ Individual:		
Organization:	#of participants:	
1st Contact Person:		
Address:		
Municipality:	Postal Code:	Province:
Telephone Number:	Email:	
Insurance		
All users are required to provide proof of general liability insurance in the amount of \$2 million naming "The City of Williams Lake" as additional named insured <u>prior to start of the booking.</u>		
Groups without insurance, occasional users and other users may purchase insurance through the City of Williams Lake to meet this requirement at the time of booking.		
Providing a copy	Purchasing through the CMRC	
Renter's Signature:		
<i>By signing this form, I understand that this is a request and does not guarantee a confirmed rental.</i>		
_____	_____	
Date	Signature	
Office use only		
Received by:		
Date received:	Date completed:	



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Ice Rental Request Form

Ice Requests:			
Preferred Day(s)	Time Requested Preferred Timeslot (i.e 9-10am)	Indicate Desired Activity	Comments
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Start Date (Actual Start Date must be included):

End Date (Actual End Date must be included):

Dates Not Required (Must be listed):

Additional Comments: