

PART A: CONTACT INFORMATION			
Organization:		Non-Profit Incorporation #:	
Primary Contact Name:			
Mailing Address: (include city, province & postal code)			
Organization Phone Number:		Organization Email Address:	
Primary Contact Phone Number:		Primary Contact Email Address:	
Alternate Contact Name:			
Alternate Contact Phone Number:		Alternate Contact Email Address:	

PART B: SPORT & LEVEL OF PLAY			
<input type="checkbox"/> Figure skating <input type="checkbox"/> Hockey/Ringette <input type="checkbox"/> Synchronised Skating <input type="checkbox"/> Speed Skating <input type="checkbox"/> Other: _____	USE: <input type="checkbox"/> League Games <input type="checkbox"/> Practice <input type="checkbox"/> Tournament/Special Event <input type="checkbox"/> Recreational	LEVEL OF PLAY: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Minor <input type="checkbox"/> Senior	NUMBER OF PARTICIPANTS:
			NUMBER OF GAMES PER SEASON:

PART C: REQUESTS – if you require more space feel free to include a separate sheet			
	Date(s) Requested	Time(s) Requested	Start Date and End Date of Use (if not a single use request)
1 st Choice			
2 nd Choice			
3 rd Choice			

PART D: LOCATION			
<input type="checkbox"/> Al Ritchie Arena	<input type="checkbox"/> Jack Hamilton Arena	<input type="checkbox"/> Optimist Arena	
<input type="checkbox"/> Murray Balfour Arena	<input type="checkbox"/> Wheat City Kinsmen Arena	<input type="checkbox"/> Jack Staples Arena	
<input type="checkbox"/> Co-operators Centre	<input type="checkbox"/> Clarence Mahon Arena	<input type="checkbox"/> Doug Wickenheiser Arena	
<input type="checkbox"/> Brandt Centre** (if applying for Brandt Centre and a second arena, two applications are required.)			

**Return Brandt Centre applications to: Evraz Place c/o Co-operators Centre, Box 167, 1700 Elphinstone St. Regina, SK S4P 2Z6
Phone: (306) 781-9292 | Fax: (306) 781-9299 | Email: info@evrazplace.com

Do you require a meeting room? Yes No

PART E: AFFILIATION			
Community Association/Zone Board:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	_____
Provincial Sport Organization:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	_____
If your group is not affiliated with any "parent" organization, have you arranged an independent insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART F: DECLARATION	
Signature:	Date:

FOR OFFICE USE ONLY:	
Date Received:	Contract Number:

RETURN COMPLETED APPLICATIONS TO:

Central Scheduling Office
PO Box 1790
Regina, SK S4P 3C8

Phone: (306) 777-7529
Fax: (306) 777-6826
Email: centralscheduling@regina.ca