

Application for Use ELRD Ice RINK

Name of Organization: _____		(If applicable)
Address: _____		State: _____ Zip: _____
Position: _____		
Person in Charge of Event: _____ <i>(Required to be in attendance at the entire event.)</i>		
Address: _____		
Cell Phone: _____		Email: _____
Number of People Expected to Attend: _____		
Date(s): _____		
Time of event: _____		Start: _____ Finish: _____
Description of Activity: _____		
Add'l Requests: (Fees may app. _____)		
<p><i>Requested dates cannot be held until a payment is made in full</i></p> <p><i>All reservations will need to be paid by credit card or check to Town of East Longmeadow.</i></p>		
<p>By signing this registration, you and your group agree to follow the rules governing Ice Rink use.</p>		
<p>Signature: _____</p> <p>Printed Name: _____</p>		
OFFICE USE ONLY		
Available on the requested dates? YES NO _____		Notes: _____
Additional Requests \$ _____		_____
Total \$ 		_____
Director's Signature of Approval: _____		