



Application for use of Spring/Summer Ice Time at Municipal Arenas

Organization _____

Contact/Person in Charge _____

Mailing Address _____ Telephone - Home _____

City _____ Postal Code _____ Work _____

Fax _____ E-Mail _____ Cell _____

Specify 1st or 2nd Choice

Day(s) Requested	1 st _____	2 nd _____	Insurance:
Time(s) Requested	1 st _____	2 nd _____	Provided: <input type="checkbox"/>
Arena(s) Requested	1 st _____	2 nd _____	Required: <input type="checkbox"/>
Starting Date	_____		Until _____
Ice Required for: (Please specify)	Youth: <input type="checkbox"/> or Adult <input type="checkbox"/> ;		
Game <input type="checkbox"/> , Practice <input type="checkbox"/> , Hockey School <input type="checkbox"/> , Skating Instruction <input type="checkbox"/> , Special Events <input type="checkbox"/> , Hockey Tournament <input type="checkbox"/>			
Other	_____		

----- Other Requests /Room Application Only -----

Not for Profit For Profit

Other arrangements requested:

Food & Beverage Gale Centre - No Yes (*If yes, provided exclusively by Breakaway Concession*)

Dressing Room(s) #required ____ P.A. System Press Box/Music Room N.F.Hydro Memorial Room

Sam Long Room Walker Industries Board Room Rec Room (Chippawa Arena) Vendors(#____)

NOTE: Use reverse side if required to list dates and times requested.

It is understood your organization, if accepted, will be guests of the Recreation & Culture Department of Niagara Falls and will be fully responsible for all persons using the permitted facilities and equipment. Further, specific regulations regarding the use of the arenas will be forwarded to you.

It should be noted that Recreation and Culture reserves the right to cancel ice time without notice if these regulations are broken, or under extenuating circumstances. **(See reverse side for permitting process)**

Applicant's Signature: _____ Date: _____

NOTE: THE ADDRESS AND NAME CHANGE

Mail White Copy to: Gale Centre

4171 Fourth Avenue, Niagara Falls, ON L2E 0A2

Phone: (905)356-7521, Ext. 5601 or Ext. 5602; Fax: (905) 354-9119

FOR YOUR INFORMATION

Dear Applicant:

Thank you for helping us create recreational opportunities within the City of Niagara Falls

Once all applications have been received by a specified date, the Recreation & Culture staff will issue a contract for facility use.

Claims/Losses/Damage/Judgement/Injury

The City of Niagara Falls is not responsible for items that are lost or stolen. The users of the Permitted Facility and the Permit Holders agree that the City of Niagara Falls shall not be liable for any loss, damage or injury (including death) to persons or property and waive all claims of every kind against the City of Niagara Falls in respect of loss, damages or injury which may be incurred. The Permit Holder agrees to assume all liability and obligation for any and all loss, damage or injury (including death) to persons or property which may occur and the Permit Holder shall, at all times, indemnify and save harmless the City of Niagara Falls, its officers, employees and agents from and against all such loss, damage or injury and all actions, suits, proceedings, costs, charges, damages, expenses, claims or demands arising therefrom or connected therewith.

NOTICE: The organization is hereby put on NOTICE that there is an inherent risk involved in all recreational/sporting activities on the ice.

NOTE: Any documentation submitted to the municipality is subject to the municipal freedom of information and protection of privacy act.

Please direct any questions concerning the application or permitting procedures to the Gale Centre Arena, at (905) 356-7521 Ext. 5601 or Ext. 5602 or by Fax at (905) 354-9119.

----- Special Events Applicants Only -----

Dates Required

Times

Arena

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: City Council has approved a Municipal Alcohol Risk Management Policy in conjunction with Special Occasion Permits on City property. Applies to Chippawa Arena