



Hall/Ice Rental Request

Please submit to dvandevyvere@centralelgin.org

PERSONAL INFORMATION

Name(s) _____

Address _____

City/Town _____

Phone _____

Email _____

RENTAL INFORMATION

Requested Facility _____

Requested Date(s) _____

Time Duration _____

Are you looking to rent ice time? Yes No

Are you looking to rent hall time? Yes No

Will there be alcohol at the event? Yes No

If renting ice time, those in attendance will be: Children Adult Mix