



ICE RENTAL APPLICATION FORM

Please return completed application to: Cleaview Township Administration Office
217 Gideon Street
Stayner, ON L0M 1S0
E-mail: jcodyre@clearview.ca

Booking Information

Date Application Received (mm/dd/yy)	
Purpose of Booking	
Rental Date (mm/dd/yy)	
Ice Rental Time	
Anticipated Attendance	

Applicant Information

Renter's Name	
Organization Name (if applicable)	
Address	
Phone Number	
Email	

Renter's Signature _____ Date: _____

FOR OFFICE USE ONLY

Rental Rate	\$
Booking Agent Signature	