



**COMMUNITY ICE RINK PROGRAM
APPLICATION FORM**

Rink Location: _____

**Please note that ice rinks can NOT be located on the turf of sports fields*

Volunteer Coordinator

Name: _____

Address: _____

E-mail: _____

Phone: _____

Please indicate what type of ice rink you wish to install:

- recreation rink only recreation and shinny rink

SIGNATURE

DATE

Please fax to the attention of Nory Takata (Parks Planner) at 905.940.1550, or mail to:

City of Markham
Operations Department
101 Town Centre Boulevard
Markham, Ontario
L3R 9W3

Attention: Nory Takata (Parks Planner)