

4. For questions, please call: (509)359-4019

**Reset Form** 

Confirmation #:		
	(Internal use only)	

Today's Date:
---------------

## **URC Ice Rink Rental Application Form**

Request must be submitted 50 days prior to event date		
Contact Informat	tion	
Contact Name:	E-	mail:
Organization Name:	Ph	one: -
Address:		
City, State, Zip:	,	
Reservation Detail		
Facility:	URC Ice Rink	Event Day/Date:
Nature of Event:		Arrival Time:
Estimated Participants:	Estimated Spectators:	Event Start Time:
Amenities Needed:	☐ Men's Locker ☐ Women's Locker ☐ Official's Room	Event End Time:
Special Requests:  Departure Time:		
		Will this be a repeat event?
		Yes No
		Repeat Dates:
		1.0000000000000000000000000000000000000
Additional Questions		
Additional Quest	IUIIS	
How will you be traveli	ng to campus? Oth	er:
Does anyone in your group require special assistance? $\gamma_{es} \circ \gamma_{o}$		
_ 162 _ 140		
Acknowledge/Signature		
I hereby acknowledge receipt of a copy of this reservation form and the attached policies as well as URC policies and procedures,		
and accept the responsibilities listed therein. I understand that violation of the policy may result in the cancellation of your		
Signature:	l of future use of the facilities.	Date:
*Please note: Completing and submitting this form DOES NOT confirm your visit. Your visit confirmation will be sent viaemail and/or fax from our office.		
To submit the form, you have the following options:  1. Click the "Submit by Email" button below (or save a copy and e-mail to: tallen16@ewu.edu)		
	ton below and fax to: (509) 359-4829	
3. Click the "Print Form" button below mail to: FWU URC. 1007 Flm St. Cheney. WA 99004		

**Print Form** 

Submit by E-mail