



Municipal District of St. Stephen's Garcelon Civic Center



Multiple Ice Use Request Form

Requests are not considered confirmed until you receive a booking number from our agents

Reservations cancelled with less than 48 hours notice are subject to full charge.

Users MUST follow all posted rules or they will be subject to immediate removal from the facility

Type: <input type="checkbox"/> \$92.75 Early Bird	<input type="checkbox"/> \$149.00 Daytime (Mon-Fri 8am-5:00pm)
<input type="checkbox"/> \$146.75 Youth Sport Organizations	<input type="checkbox"/> \$146.75 Registered Non-Profits
<input type="checkbox"/> \$225.00 Prime Time (Mon-Fri 5:00pm-9:00pm, all day Saturday/Sunday/Holidays)	<input type="checkbox"/> \$79.50 School Daytime(Mon-Fri 8am-3:00pm)
<input type="checkbox"/> \$165.50 Late night 9pm to close	

Name/Organization: _____

Mailing Address: _____

Primary Contact Name: _____	Phone: _____	Email: _____
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Season Start Date: _____	Season Finish Date: _____
Breaks (if any): From _____	Breaks (if any) To: _____

Ice Requests:

Day(s)	Time(s)	Special Request?

Tournaments/Special Event Requests

Event:	Dates:	Times:	Requests:

I agree to abide by the facility's rules and regulations: (initial): _____

Failure to comply with the rules and regulations of the Municipal District of St. Stephen may result in removal from the facility, with no refund.

I, the undersigned cardholder, authorize the merchant "Municipal District of St. Stephen" to charge my credit card for purchases related to reservation. I agree that my information may be saved by the merchant for future payments and understand that this can be revoked at any time with request. I understand that my card will be charged 48 hours prior to the event date and if a cancellation is not placed, in writing, prior to 48 hours I will be charged as per the Cancellation Policy, which I have read and understand. I, the undersigned understand that in case of a payment being declined, the rental will be cancelled.

Card Type: <input type="checkbox"/> Visa Credit <input type="checkbox"/> Mastercard Credit <input type="checkbox"/> Other: _____		
Card Holder Full Name: _____		
Credit Card Number: _____		
Expiration Date: _____	Postal Code: _____	CVV/CVC: _____

Card Holder's Signature: _____ Date: _____

Primary Contact's Signature: _____ Date: _____