



VOLUNTEER OUTDOOR ICE RINK APPLICATION FORM

PLEASE READ CAREFULLY

Rink Location: _____ Park

Volunteer Co-ordinator: _____

Address: _____

E-mail: _____

Phone No.: _____

1. Please indicate which facility you wish to install:

pleasure rink only

pleasure and shinny rink

Signature

Date

***Ice Rinks can NOT be located on the turf of the sports fields.**

Please fax to the attention of Mark Ingwersen, District Manager, Operations @ 905 940-1550

Or Mail to:

**Town of Markham
Operations & Asset Management
101 Town Centre Blvd.
Markham, ON
L3R 9W3
Attn: Mark Ingwersen,
District Manager, Operations**