Volunteer Program for Outdoor Ice Rink Maintenance Form

RINK LOCATION _____

PLEASURE ____ PLEASURE & SHINNY____ (Check off one)

Name of Volunteer Group Co-ordinator _____

Date	Time	Inspection & Flag Display	Flag Change (Note Time)	Flood	Signature/ Comments

At the end of the season, please fax to Mark Ingwersen at 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