

# ICEHOUSE/TRACK FACILITY BOOKING REQUEST FORM

- To Pay On Arrival       Bobsleigh/Skeleton  
 Luge Track                 Invoice Association

Date: \_\_\_\_\_ Contact: \_\_\_\_\_

Sport Association: \_\_\_\_\_

Bus #: \_\_\_\_\_ Res #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Credit Card Number – *Please phone in number to Brian Armour at (403) 247-5492*

REQUESTED BOOKING(S)				
DATE	START TIME	FINISH TIME	BOBSLEIGH/LUGE/SKELETON	TOTAL HOURS

Coach's Signature \_\_\_\_\_

Staff Initials \_\_\_\_\_

**3 DAYS NOTICE REQUIRED FOR ALL CANCELLATIONS**