

CITY OF WALTHAM  
**2011-12 ICE RENTAL REQUEST FORM**

Veteran's Memorial Rink, Totten Pond Rd., Waltham  
(Please print)

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NUMBER OF YEARS AT THIS RINK: \_\_\_\_\_

CONTACT PERSON	
Name:	_____
Address:	_____
	_____
Telephone:	
Day:	_____
Night:	_____
Cell:	_____
Fax.:	_____
Email:	_____

PAYMENT PERSON	
Name:	_____
Address:	_____
	_____
Telephone:	
Day:	_____
Night:	_____
Cell:	_____
Fax.:	_____
Email:	_____

ADDITIONAL CONTACT	
Name:	_____
Address:	_____
	_____
Telephone:	
Day:	_____
Night:	_____
Cell:	_____
Fax.:	_____
Email:	_____

ADDITIONAL CONTACT	
Name:	_____
Address:	_____
	_____
Telephone:	
Day:	_____
Night:	_____
Cell:	_____
Fax.:	_____
Email:	_____

**ICE REQUESTS**

DAY	DATES	HOURS	FROM	TO

CITY OF WALTHAM  
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