## **Extra Ice Request Form**

| Category:   |   | Team Number: |
|---|---|--------------|
| 0   | U9<br>U11<br>U13  |              |
| Head  | Coach:  | _Email:      |
| Mana  | ger:  | _Email:      |
| Number of additional practices requested 188.00 a slot:   |   |              |
| Please send requests to the Millwoods Hockey Ice Allocator:   |   |              |
| 0   | If you want the Ice Allocator to look for ice for your team  If you found ice and want the Ice Allocator to book the ice for your team.  Additional Info: |              |
| <b>Note:</b> Extra ice slots will be included with any billable ice and invoiced in December and March. |   |              |
| Contant Information:  |   |              |
| Jessica Contant   |   |              |

Ice Allocator Email: <a href="mailto:ice@millwoodshockey.ca">ice@millwoodshockey.ca</a>