

**CITY OF GARFIELD HEIGHTS
DAN KOSTEL RECREATION CENTER**

REQUEST FOR ICE MADE

DATE

TIME

NAME OF RESPONSIBLE PARTY

POSITION (COACH/TEAM REP/ ETC)

GROUP OR TEAM NAME

PHONE NUMBER

CELL

BEST TIME TO CALL

EMAIL

GAMES OR PRACTICE

TEAM NAMES & OPPONENT TEAM NAMES/AGES

(rosters must be submitted for all teams)

DATES NEEDED

POTENTIAL TIME NEEDED

**(PLEASE ADVISE THOSE WHO ASK FOR TIME THAT WE MAY NOT BE ABLE TO
GUARANTEE EXACT TIMES REQUESTED)**

AGE & GENDER

WHAT TYPE OF SLOT/S - HOW MANY

SLOTS	1HR	1.25 HR	1.5 HR	1.75 HR	2 HR	ETC
NEEDED						

please fill out - email back to: mnichols@garfieldhts.org