

**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

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

NEEDED

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