City of Niagara Falls, Canada
Recreation, Culture and Facilities
Arenas Section

Application for use of
Winter Ice Time/Events or Tournaments at Municipal Arenas

Dear Applicant,
Thank you for helping us create recreational opportunities for the residents of Niagara Falls. Once all applications have been received by a specific date, Recreation & Culture staff will issue a contract for facility use. This document is presented to applicants and discussed at the annual Summer Ice meeting held the first week in May. All applicants are invited to attend the meeting. Here, the draft schedule is reviewed and amended as necessary. The revised draft will then be forwarded to City Council for final approval. Once approved, the Recreation & Culture staff will issue permits to individuals or organizations commencing the first week in June. Please note that any documentation submitted to the municipality is subject to the municipal freedom of information and protection of privacy act.

Organization _____

Contact/Person in Charge _____

Mailing Address _____ Telephone - Home _____

City _____ Postal Code _____ Work _____

Fax _____ E-Mail _____ Cell _____

Weekly Rentals or Spot Rentals 1st or 2nd Choice

Day(s) Requested 1st _____ 2nd _____ **Insurance:**

Time(s) Requested 1st _____ 2nd _____ Provided: ☐

Arena Requested: Gale Centre ☐ Chippawa ☐ No Preference ☐ Required: ☐

Starting Date _____ Until _____

Ice Required for: (Please specify) Youth: ☐ or Adult ☐

Game ☐ Practice ☐ Hockey School ☐ Skating Instruction ☐ Ice for 5 ☐

Special Events ☐ Hockey Tournament ☐

Other _____

Tournament Application (please complete other side)

Special Events Application Only

1. Indicate where proceeds will go if this is a special event with an admission charge/entry fee:

_____

2. Other arrangements requested:

Food & Beverage Gale Centre - No ☐ Yes ☐ (***If yes, provided exclusively by Breakaway Concession)***

Dressing Room(s) #required ____; ☐P.A. System; ☐Press Box/Music Room; ☐N.F.Hydro Memorial Room; ☐Sam Long Room; ☐Walker Industries Boardroom; ☐Rec Room (Chippawa Arena); ☐Vendors(#_____)

Please direct any questions concerning the application or permitting procedures to the Gale Centre Arena, 5152 Thorold Stone Rd, L2E 0A2. Phone: (905) 356-7521 Ext. 5601 or Ext. 5602 or by Fax at (905) 354-9119.

Applicant's Signature: _____ Date: _____

City Council has approved a Municipal Alcohol Risk Management Policy in conjunction with Special Occasion Permits on City property. Applies to Chippawa Arena.

TOURNAMENT/SPECIAL EVENT: _____

DATES REQUIRED: _____

FIRST DAY: _____

	FROM:	TO:
PAD #1 (starts on the hour)	_____	_____
PAD #2 (starts on the 15min)	_____	_____
PAD #3 (starts on the 15min)	_____	_____
PAD #4 (starts on the hour)	_____	_____
CHIPPAWA ARENA	_____	_____

SECOND DAY: _____

	FROM:	TO:
PAD #1 (starts on the hour)	_____	_____
PAD #2 (starts on the 15min)	_____	_____
PAD #3 (starts on the 15min)	_____	_____
PAD #4 (starts on the hour)	_____	_____
CHIPPAWA ARENA	_____	_____

THIRD DAY: _____

	FROM:	TO:
PAD #1 (starts on the hour)	_____	_____
PAD #2 (starts on the 15min)	_____	_____
PAD #3 (starts on the 15min)	_____	_____
PAD #4 (starts on the hour)	_____	_____
CHIPPAWA ARENA	_____	_____