Ice Rental Application

Season:

Corporation of the County Prince Edward
Office: 72 King Street, Picton
Mailing Address: c/o 332 Main Street
Picton Ontario K0K 2T0
Ph: 476-2148 Fx: 476-9835
jgoodman@pecounty.on.ca

Please list Primary Contact Info:	Please list Secondary/Billing contact info:
Name:	
Address:	
e-mail:	
Tel: Fax:	

N.B.: Please fill out a separate form for each group to be invoiced

Which Arena: Picton Wellington
Would you like the same day(s) each week?
❑Yes ❑No
If so, indicate which day(s) of the week you prefer.

❑ **Monday**	❑ **Friday**
❑ **Tuesday**	❑ **Saturday**
❑ **Wednesday**	❑ **Sunday**
❑ **Thursday**	❑ **Statutory Holidays**

Would you like the same time slot every day?
❑Yes ❑No
If so, indicate which time slot(s) you prefer.

Weekdays:	**From ____to ____**	**AM** / **PM**
Weekends:	**From ____to ____**	**AM** / **PM**

Please list the exact dates below. Only indicate the time if it differs from above.

Month	Day	Dates	Use	Time

Office Use Only

Date Received:	Dates Not Available:
Date Returned:	

Applicant Signature

County Representative (upon Confirmation)