

USWCA ARENA HOST CLUB ASSISTANCE REQUEST FORM

Event: _____

Host Club: _____

Bonspiel Ice Schedule

Date	Start Time	End Time	Number of Hours	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Ice Cost _____

Warm Room Schedule

Date	Start Time	End Time	Number of Hours	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Warm Room Cost _____

Other Ice Related Costs (Describe in detail)

Send Reimbursement to: _____

Site Chairman: _____ Date Requested: _____

USWCA USE ONLY: JBPC Chairman: _____ Date Approved: _____ Date Reimbursed: _____ Check No.: _____
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