



ARLINGTON PARK & RECREATION COMMISSION
17 Irving Street, Arlington, MA 02476

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COMMISSIONERS:

Jen Rothenberg Leslie Mayer Shirley Canniff Phil Lasker Scott Walker Josh Fenollosa

ED BURNS ARENA: ICE TIME REQUEST FORM

*Please fill out section below specific to this request
(Organization Request or Individual/Independent Request)*

The Ed Burns Skating Arena is an indoor ice facility operated by the Arlington Recreation Department. This DCR owned facility is open to the public during the months of August through April. The facility includes a regulation size rink of 85' x 197' with spectator seating for 1,000 people, multiple locker rooms, snack bar and vending machine services (hours vary), and with skate rental and sharpening services. Team rooms are provided for those renting ice time.

Organizations and individuals interested in renting ice time must submit a completed copy of this form to the **Ed Burns Arena Facility Supervisor, JJ O'Sullivan**, josullivan@town.arlington.ma.us.

All Ice Time Request Forms will be reviewed and then ice times will be approved accordingly. Submission of an Ice Time Request Form does not guarantee access. Space will be assigned based on availability, priority, and policy compliance.

Each group must present a **Certificate of Insurance** in the amount of \$1,000,000 naming the Town of Arlington as an "Additional Insured". If your group does not have insurance, please indicate below.

In accordance with DCR Guidelines the Town has adopted user priority:

1. General public skating: minimum of 12 hours per week with Friday Evenings and Sunday Afternoons receiving top priority.
2. Non-profit youth groups
3. School hockey
4. Youth groups other than non-profit groups
5. Adult organizations or informal groups
6. Individual private requests

Group rental fees are as follows: \$280/50-minute block and \$300/60-minute block.

Once awarded hours, the organization will be held responsible for payments of all hours awarded. A 20% non-refundable deposit must be submitted at time of reservation confirmation. Users will not be allowed to reserve future ice times until all payments have been settled. First invoice will be included with reservation confirmation.

For additional information or if you have questions, please contact the Rink Facility Supervisor, JJ O'Sullivan, at josullivan@town.arlington.ma.us, or (781)-316-3882.

Organization Ice Time Request (ie. clubs, leagues, and school teams):

Organization Name:
Type of Organization:
Requester/ Primary Contact Name:
Primary Contact Cell Phone:
Primary Contact Email:
Organization Billing Contact Name (If different):
Billing Contact Email:
Billing Contact Cell Phone:
Organization Billing Address:
Is this a private organization, or a Non-Profit (501 c3) organization?
Do you have insurance/can you provide a certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any additional information we should know?

Private Group/Individual Request:

Individual's Name:
Email:
Cell Phone:
Address:
Purpose: <input type="checkbox"/> Hockey <input type="checkbox"/> Open Skate <input type="checkbox"/> Other _____
Do you have insurance/can you provide a certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

Any additional information we should know?

Request Details:

DATE(S)	DAY(S) OF WEEK	START TIME(S)	END TIME(S)	Ice Cut
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are Dates Flexible : ☐ Yes ☐ No Alternative Dates: _____

Are Times Flexible: ☐ Yes ☐ No Alternative Times: _____

Total Time Blocks Requested: _____

Estimated # of skaters per block: _____

Will a program fee charged to participants and/or admission fee charged for guests? ☐ Yes ☐ No
If so, how much?: _____

ACKNOWLEDGEMENT

Arlington Recreation is not responsible for any loss or theft of property. All participants use the facility at their own risk. Group leaders, coaches, and organization leaders are responsible for the conduct of their participants on and off the ice. Loss of ice time will result if the participants do not follow Arena Rules or any reasonable request from the Rink Staff. Organizations and Group Leaders will be held responsible for any Damage or Vandalism occurred to the rink during your designated ice time. Players and groups will be held responsible for damage to the Boards, Plexiglas or any part of the Arena which results from actions stemming from unwarranted actions, i.e. breaking glass with a stick, spitting on floors or vandalism.

Signature: _____ **Date:** _____

For Office Use Only:

Date Received: _____ Date Approved: _____ Approved by: _____

Total Hours: _____ Total Fees: _____

Deposit Amount: _____ Deposit Received Date: _____

Date Entered in MyRec: _____

Notes: _____

(\$280 per 50-minute block and \$300 per 60 minute block)