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 250-550-3257 abookings@vernon.ca
www.kaltireplace.ca



Ice Users Booking Change Form 2021

Contact Name: _____ Team/Group: _____

Contact Phone Number: _____ E-mail Address: _____

Facility Name: _____ Contract #: _____

Cancellation Date(s):

- 1.) _____ Time: From: _____ am/pm To: _____ am/pm
- 2.) _____ Time: From: _____ am/pm To: _____ am/pm
- 3.) _____ Time: From: _____ am/pm To: _____ am/pm
- 4.) _____ Time: From: _____ am/pm To: _____ am/pm

Changes to Date(s):

- 1.) _____ Time: From: _____ am/pm To: _____ am/pm
- 2.) _____ Time: From: _____ am/pm To: _____ am/pm
- 3.) _____ Time: From: _____ am/pm To: _____ am/pm
- 4.) _____ Time: From: _____ am/pm To: _____ am/pm

Reason for Amendments:

X _____
 Signed Date

By signing below, you understand that your cancellation policy will be adhered to. You can find this policy in your facility rental agreement.

Office Use Only:

Date Authorized: _____ Authorized By: _____

Please return form by email (abookings@vernon.ca) or fax: 250- 542-5708