



Mask Arena – Ice
6147 Rama Road, Rama

Information:

Date: _____

Contact Person: _____ **Band No.:** _____

Organization: _____

Address: _____

Phone: _____ **Ext.** _____ **Fax No.** _____

Email: _____

Dates Requested: _____

Times Requested: _____

Signature of Applicant _____

Please Note:

1. This application form must be completed and emailed to Penny Venhuizen at pennyv@ramafirstnation.ca.
2. **Facilities should not be considered booked until you have received a Permit.**