



USER GROUP INFORMATION FORM

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| <input type="radio"/> Franklin | <input type="radio"/> Brockton | <input type="radio"/> Plymouth | <input type="radio"/> New Bedford | <input type="radio"/> Fall River |
| <input type="radio"/> Taunton | <input type="radio"/> Auburn | <input type="radio"/> Gardner | <input type="radio"/> Worcester | <input type="radio"/> Marlboro |
| <input type="radio"/> Springfield | <input type="radio"/> Holyoke | <input type="radio"/> Greenfield | <input type="radio"/> Revere | <input type="radio"/> Lynn |
| <input type="radio"/> Cambridge | <input type="radio"/> East Boston | <input type="radio"/> West Roxbury | <input type="radio"/> Fitchburg | |

Organized Group Name: _____

PRESIDENT

Name: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Home Phone: () _____ Business Phone: () _____

TREASURER

Name: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Home Phone: () _____ Business Phone: () _____

ICE COORDINATOR

Name: _____

Address: _____

E-mail Address: _____

City, State, Zip: _____

Home Phone: () _____ Business Phone: () _____

DO YOU HAVE A NEWSLETTER? Yes No

If so, how often is it published? _____

Who is the contact person for your newsletter? _____

Name: _____

Address: _____ Email Address: _____

City, State, Zip: _____

Home Phone: () _____ Business Phone: () _____

DO YOU HAVE A WEBSITE? Yes No

Can we provide you with a link from our website, and vice versa? Yes No

Who is the contact person for your website? _____

Name: _____

Address: _____ Email Address: _____

City, State, Zip: _____

Home Phone: () _____ Business Phone: () _____



USER GROUP ICE REQUEST FORM

Questionnaire for organizations and individuals requesting ice time at:

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|
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Name: _____

Organization: _____

Address: _____

E-mail Address: _____

Purpose for requesting ice time: _____

From what towns are your participants: _____

Do you have regular ice time at other rinks? Yes No

If yes, where and what days and hours? _____

Number of participants in program: _____ Age range: _____

FOR YOUTH HOCKEY ONLY

Number of players in each division: Learn to Skate _____ Instructional _____

Mites _____ Squirts _____ Peewees _____ Bantams _____ Midgets _____

Number of teams in each division:

Mites _____ Squirts _____ Peewees _____ Bantams _____ Midgets _____

Do you presently compete in a league of teams? yes no

If yes, which league? _____

Please complete an Ice Utilization Form and return it with this request.

Total hours requested: _____

Days and times preferred: _____

As consideration for exclusive use of the above skating rink time, the undersigned acknowledges that he/she, as an individual or as a responsible official of the organization involved, realizes that the use of an ice surface particularly by young people is an inherently dangerous activity. I/we understand that I/we must provide guidance and control to the people using the ice that the rink staff is available only for back-up assistance. I/we release and hold harmless Facility Management Corporation, its agents and employees for liability for any injuries sustained by our group except to the extent that such is caused by gross negligence or purposeful acts by such employee or agents of FMC.

Signature _____ Date _____

For the organization _____



ICE UTILIZATION PLAN

Name of Program: _____

Name and Title of Responding Person: _____

How many participants are in your program? _____

<p>HOCKEY</p> <p>Learn to Skate _____</p> <p>Instructional _____</p> <p>Mite _____</p> <p>Squirt _____</p>	<p>Peewee _____</p> <p>Bantam _____</p> <p>Midget _____</p> <p>Senior _____</p> <p style="text-align: right;">Total _____</p>
<p style="text-align: right;">FIGURE SKATING</p> <p style="text-align: right;">Total _____</p>	
<p style="text-align: right;">RECREATIONAL SKATING</p> <p style="text-align: right;">Total _____</p>	

If HOCKEY, how many teams at each level?

Mite _____ Squirt _____ Peewee _____ Bantam _____ Midget _____ Senior _____

Girls: U-12 _____ U-14 _____ U-16 _____ U-18 _____

If FIGURE SKATING, how many skaters on average per hour will utilize each category?

Moves _____ Freestyle _____ Other _____

If RECREATIONAL SKATING, how many skaters on average per hour will utilize the ice? _____

Please list below how you will utilize each hour requested.

(i.e. TWO TEAMS PRACTICING = 40 SKATERS or PATCH SESSION = 20 SKATERS)

If youth hockey, please list day(s) and time(s) of Learn to Skate sessions:

Comments



SPECIAL EVENT REQUEST FORM

Any group wishing to reserve ice for a special event such as a tournament, competition, exchange, show, etc., please fill out this form and return it with your regular Ice Request Form.

ARENA:

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|----------------------------------|
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Name of Organization: _____

Name of Representative: _____

Arena(s) you wish to reserve ice at: _____

Date(s) of the event: _____

Number of hours needed: _____

Type of event: _____

Is admission being charged? yes no If yes, how much? _____

Benefits this event will generate for your organization and the community: _____

Comments: _____



PERFORMANCE EVALUATION

Dear Program Director,

The following series of questions ask you to evaluate the performance at the rink for the past season. Please help us improve service to you by answering these questions fully and honestly. Don't be afraid to be critical. It is only with constructive criticism that we can evaluate what areas we need improvement in the future. Your time and effort taken to fill out this form will be rewarded by better service to yours and other programs that use the facility.

ARENA:

- | | | | | |
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Responding Program: _____

Person Responding: _____

Please check the box you feel is most appropriate for each area based on the following scale:

- 1 Poor
 2 Below Average
 3 Average
 4 Good
 5 Excellent

1. CLEANLINESS/ NEATNESS	POOR EXCELLENT	COMMENTS:
Exterior	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Interior	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Team Rooms/Shower	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Restrooms	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

2. COURTEOUSNESS OF STAFF/PROFESSIONALISM	POOR EXCELLENT	COMMENTS:
Answering questions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Solving problems	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Resurfacing ice on schedule	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

3. PROGRAMMING	POOR EXCELLENT	COMMENTS:
Allocation of ice	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Public Skating Times	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

3. PROGRAMMING

POOR EXCELLENT

COMMENTS:

Tournaments	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Spring/Summer programs	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Special programs <small>(i.e. Birthday Party, "Pack the Place", Great Skate Program, etc.)</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Off-season programs <small>(i.e. in-line skating, home shows, carnivals)</small>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

4. FACILITY CONDITIONS

POOR EXCELLENT

COMMENTS:

Lighting - interior/exterior	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Ice Lighting	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Ice quality	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Vending Machines	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Snack shop	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Pro shop	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
Visual appearance	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

5. OVERALL PERFORMANCE

Please circle which choice best describes your opinion of our management of the facility.

- 1 - Poor 2 - Below Average 3 - Average 4 - Good 5 - Excellent

6. WHAT NEW AMENITIES WOULD YOU LIKE TO SEE?

7. WHAT NEW PROGRAMS WOULD YOU LIKE TO SEE AT THE ARENA?

8. OTHER SUGGESTIONS FOR IMPROVEMENT:

9. OTHER COMMENTS:

Please return this Performance Evaluation with your Ice Request Form, Special Event Request Form, User Group Information Form, and Credit Application.



FMC ICE SPORTS
 100 SCHOOSSETT ST., BUILDING 3
 PEMBROKE, MA 02359
 (781) 826-3085
 (781) 826-3089 FAX
 WWW.FMCARENAS.COM

Confidential Credit Application

General Information

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To Address: _____

City: _____ State: _____ Zip: _____

Tax ID #: _____ Date Established: _____

Type of Organization: Corporation Partnership Non-profit Corporation Individual Ownership

Banking Reference

Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Contact: _____ Phone Number: _____

Account #: _____

Industry References (rinks, vendors, etc.)

Company Name: _____ Company Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Zip: _____

Phone: _____ Phone: _____

CONDITIONS OF SALE & TERMS OF PAYMENT

By signing this application for credit, the undersigned hereby certifies that the information contained in this credit application is true and complete and is made for the purpose of obtaining credit. The undersigned is authorized to act on behalf of the above named organization and this application may be used as your authorization to contact the references listed herein to obtain credit information.

The undersigned hereby guarantees the prompt payment (within FMC terms) of all the obligations of the above named organization of which the undersigned is an authorized representative, and agrees to pay all costs of collecting, or attempting to collect, including reasonable attorney's fees and all finance charges incurred as per the ice rental agreement. This is a continuing guarantee relating to any indebtedness, including that arising under successive transactions.

Signature: _____ Date: _____

Print Name: _____ Title: _____