



USER GROUP ICE REQUEST FORM

Questionnaire for organizations and individuals requesting ice time at:

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <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"/> Everett | <input type="radio"/> Somerville |
| | | | | <input type="radio"/> Newburyport |

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 _____



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Signature _____ Date _____

For the organization _____



ICE UTILIZATION PLAN

Name of Program: _____

Name and Title of Responding Person: _____

How many participants are in your program? _____

HOCKEY					
Learn to Skate	_____	Peewee	_____		
Instructional	_____	Bantam	_____		
Mite	_____	Midget	_____		
Squirt	_____	Senior	_____		
		Total	_____		

FIGURE SKATING	
Total	_____
RECREATIONAL SKATING	
Total	_____

If HOCKEY, how many teams at each level?

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

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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| | | | | <input type="radio"/> Newburyport |

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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☐ Plymouth
☐ Gardner
☐ Greenfield
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☐ New Bedford
☐ Worcester
☐ Revere
☐ Everett

☐ Fall River
☐ Marlboro
☐ Lynn
☐ Somerville
☐ Newburyport

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Interior

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Team Rooms/Shower

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Restrooms

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. COURTEOUSNESS OF STAFF/PROFESSIONALISM

POOR **EXCELLENT**

COMMENTS:

Answering questions

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Solving problems

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Resurfacing ice on schedule

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. PROGRAMMING

POOR **EXCELLENT**

COMMENTS:

Allocation of ice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Public Skating Times

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. PROGRAMMING

POOR EXCELLENT

COMMENTS:

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

4. FACILITY CONDITIONS

POOR EXCELLENT

COMMENTS:

Lighting - interior/exterior	1	2	3	4	5
Ice Lighting	1	2	3	4	5
Ice quality	1	2	3	4	5
Vending Machines	1	2	3	4	5
Snack shop	1	2	3	4	5
Pro shop	1	2	3	4	5
Visual appearance	1	2	3	4	5

5. OVERALL PERFORMANCE

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

1-POOR

2-NEEDS IMPROVEMENT

3-SATISFACTORY

4-VERY GOOD

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: _____