**Manitoba Possible. Recreation and Leisure**

**Sledge Clinic Request Form**

DATE OF REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request Information**

|  |
| --- |
| Name in full (please print): |
| School/Team Name: |
| Address of rink: |
| Date of clinic: | Number of Sessions/Length: | Time: |
| Number of Participants: | Age Group (8 yrs+): |
| Group Accommodations (size/pushbar accomodations etc): |

**Invoice Information**

|  |
| --- |
| Name: |
| Mailing Address: |
| City: | Postal Code: |
| Email Address: | Phone Number: |

**Pricing**

|  |
| --- |
| $100 first hour$25 every additional hour after$25 fee if outside of Winnipeg |

**\*Please note that gloves and helmets are not provided**

**\*Please note that we are unable to accept requests at outdoor rinks**

**Invoice Information:** (Office Use Only)

|  |  |  |
| --- | --- | --- |
| Invoice Number:  | Date Sent:  | Payment Received: |