



COME TRY RINGETTE APPLICATION TO HOST

Date of Event: _____ Location: _____

Registration Deadline: _____
(should be at least 1 week prior to event)

Ice time(s): _____

of Brochures Required (maximum 1000): _____

Please include additional information regarding any special activities
after the ice time (i.e. refreshments to be served, parent info session etc.)

Contact Information

Name: _____ Phone Number: _____

Email Address: _____

Name of event coordinator (if different from contact above)

Date of Application Submission: _____

Please note: Your Come Try Ringette Event will not be booked until this form is filled out in its entirety. Please ensure you have completed all portions of this form before submitting.