



# SLMHA

## ICE CANCELLATION FORM

**Team Name:** \_\_\_\_\_

**Coach Name:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_

**Date of Ice Cancelled:** \_\_\_\_\_

**Time of Ice Cancelled:** \_\_\_\_\_

**Copy to Ice Scheduler, Fax: 780-849-5574**

**Copy to Arena Staff, Town Fax: (780) 849-2633**

**Copy to Ref in Chief (if a game) Email: [ice\\_ref@telus.net](mailto:ice_ref@telus.net)**