

Ontario Curling Association Request an Ice Team Club Visit



Name of Club: _____

Address of Club: _____

City: _____ Postal Code: _____ OCA Zone Number: _____

Contact Person for this Visit: _____

Contact Person Phone Number: _____

Contact Person Email: _____

Role within Club: _____

Current Ice Technician Name: _____

Ice Technician Phone Number: _____

Ice Technician Email: _____

Estimated Number of Games Played on the Ice/week: _____

Club Concerns/Reason for visit:

Email this form & a completed [Ice Plant and Facility Equipment List](#) to iceteam@ontcurl.com.