



QUISPAMISIS FALL/WINTER ICE REQUEST 2026-2027



A final schedule will be released by **August 5, 2026**. The following information is required by staff to assist in the review and consideration of your request to use Quispamsis arenas. It is important that the information provided below is accurate and complete so your request can receive maximum consideration. Use additional paper if needed. Cancellation of regular booked time, tournaments, and any special events must be submitted in writing at least 8 weeks in advance.

RETURN BY APRIL 27, 2026

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-------------|---------------------------------------------------|
| Applicant Name _____ | | | | |
| Team/Group _____ | | | | |
| Email _____ | | | | |
| Address _____ | | | | |
| _____ | | | | |
| Home Phone _____ | | Cell Phone _____ | | |
| Fax _____ | | | | |
| ***REQUIRED*** INSURANCE - PLEASE CHECK ONE: | | | | |
| <input type="checkbox"/> I have insurance (if you carry Commercial General Liability Insurance, please provide a copy with the addition of Quispamsis as insured, you must have no less the \$5 million per occurrence against all claims for bodily/personal injury including and resulting in death and property damage) - Proof of insurance is required no later than 8 weeks before rental date, insurance must remain in effect for the duration of the rental period. | | | | |
| <input type="checkbox"/> I would like to purchase insurance from Quispamsis (see Facility User Liability Insurance Coverage rate chart and other documents on our website. http://quispamsis.ca/rent-a-facility/) - Purchase of the Facility User Liability Insurance coverage must be done at the time of booking if no other insurance is in place. | | | | |
| Affiliation (Please check) | Provincial Governing Body (HNB, Skate NB) | School | Independent | Commercial/Business |
| Level of Play (Please circle) | Youth Recreational Competitive | Senior 65+ | Adult | Identify as (check) Female Male Coed |
| Breakdown of Teams in Organization , (number of teams and breakdowns U7, U8, U9, etc.) Teams (identify as)- Coed (CE), Male (M), Female (F). | | | | |
| _____ | | | | |
| _____ | | | | |

2026/2027 Season FEES (HST Included)

| TIME | Quispamsis Memorial Arena Per hour including HST | qplex Per hour including HST |
|-----------------------------|-----------------------------------------------------|---------------------------------|
| BASE RATE | \$248 | \$274 |
| 6AM – 4PM | N/A | \$155 |
| 4PM – Close | \$248 | \$274 |
| FOR PROFIT GROUPS | Rate + \$50.00/hr | Rate + \$50.00/hr |
| WEEKENDS, HOLIDAY & PD DAYS | \$248 | \$274 |
| MINOR/YOUTH USERS | \$171 | As above |



**QUISPAMISIS
FALL/WINTER ICE REQUEST 2026-2027**



September Ice Request – Sept 1 – 25, 2026 (qplex only)

| DATE OR DAYS OF WEEK REQUESTED/PLEASE SPECIFY AM OR PM: | | | |
|----------------------------------------------------------------|------|--------------|-----------------|
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |

Regular Season Ice time request – Sept 26, 2026 – Feb 26, 2027

| DATE OR DAYS OF WEEK REQUESTED/PLEASE SPECIFY AM OR PM: | | | |
|-------------------------------------------------------------------------|------|-----------------|-----------------|
| <i>Please indicate your arena of choice – Quispamsis Memorial Arena</i> | | <i>or qplex</i> | |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |

SPECIAL EVENT/TOURNAMENT DATES REQUESTED – please submit as soon as possible any special events or tournaments. Schedules will need to be adjusted to accommodate the request. Indicate DATE REQUESTED & time frame requesting. Groups must submit a complete schedule no later than 8 weeks before the first event.

Special Event/Tournament Dates Requests 2026-2027

| DATE and time required | | | |
|-------------------------------------------------------------------------|------|-----------------|-----------------|
| <i>Please indicate your arena of choice – Quispamsis Memorial Arena</i> | | <i>or qplex</i> | |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |
| Date/Day | Time | <i>AM/PM</i> | To <i>AM/PM</i> |



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Arena Ice Booking Acknowledgments

By signing I acknowledge that I have read the following: by applying for ice with Quispamsis, the above-named association/league/team recognizes its responsibility to allow participants the option to select or deny an informed consent request to share personal information with Quispamsis for residency verification purposes. Failure on the part of the above name association/league/team to allow participants this option will deem all participants non-residents by default.

Flash Ice Availability

Yes, please include my email address listed above to the mail out communication for Flash Ice availability through the season.

Once requests have been submitted by the April 27, 2026 deadline, ice times will be assigned and awarded as per the Quispamsis Allocation Policy. An agreement will need to be signed and proof of insurance provided.

Date: _____

Signature: _____ (Submitted by)

Association: _____

The personal information gathered on this form is voluntarily provided by individuals. If provided, the information will be used or disclosed only for the purposes for which it was collected in accordance with the *New Brunswick Right to Information and Protection of Privacy Act*. If you have any questions regarding the collection and use of this information, please contact the qplex at (506) 848-5900.

Date _____ Signature _____