

CONTACT INFORMATION
Date for Skate:
AM or PM (please circle one)
School/Organization Name:
Grade:
Teacher/Contact Name:
School/Cell Phone Number:
Email:
<b>OTHER NOTES:</b>
Skate orders must be picked up and returned when assigned and agreed upon. Orders will be confirmed by e-mail as soon as possible. Requests are made a minimum of two working days in advance of the skate date. Orders are booked on availability and access. Skates and helmets must be returned to the Sport Venture Library <u>on time</u> and <u>in the same condition</u> in which they were loaned (i.e. clean, pairs tied together, etc.).
<b>The Sport Venture Library reserves the right to refuse any order.</b>
Signature:

SKATE INFORMATION	
JUNIOR	
Size	Quantity
8	
8.5	
9	
9.5	
10	
10.5	
11	
11.5	
12	
12.5	
13	
13.5	
<b>TOTAL</b>	

ADULT (Regular)	
Size	Quantity
1	
1.5	
2	
2.5	
3	
3.5	
4	
4.5	
5	
5.5	
6	
6.5	
7	
7.5	
8	
8.5	
9	
9.5	
10	
10.5	
11	
11.5	
12	
13	
<b>TOTAL</b>	

HELMET INFORMATION	
Size	Quantity
Small	
Medium	
Large	
<b>TOTAL</b>	

### SCHOOL SKATE REQUESTS

Ehrlo Sport Venture is pleased to collaborate with the Regina school systems to help enable access to sport and recreation.

We are committed to offering access and opportunity to all youth and will make every effort to accommodate your request.

*Please note that skate sizes are typically one size larger than regular shoe sizes. In the event of a shortfall in sizes, skates may be increased by one half size.*

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Pick-up Date/time: \_\_\_\_\_

Drop-off Date/time: \_\_\_\_\_

