



# COME TRY RINGETTE EVENT APPLICATION



Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Ice Time(s): \_\_\_\_\_ Off Ice Time(s): \_\_\_\_\_

Promotion/Marketing Strategies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include additional information regarding any special activities for off ice time:  
\_\_\_\_\_  
\_\_\_\_\_

Number of Brochures: \_\_\_\_\_ Number of Posters: \_\_\_\_\_

**Contact Information - Association:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Note: Your Come Try Ringette Event will be booked and confirmed once this form is received and filled out in its entirety. Please ensure all portions are completed before submission.

Submit form to: [ctr-activestart@ringette.ns.ca](mailto:ctr-activestart@ringette.ns.ca)