

Commonwealth of Massachusetts-Department of Conservation & Recreation

Rink Operations 165 William J Day Blvd. South Boston, MA 02127 857-702-3890 Governor, Maura Healey Lt. Governor, Kim Driscoll Secretary EOEEA, Rebecca Tepper Commissioner DCR, Nicole LaChapelle

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2025 -2026 ICE RENTAL REQUEST FORM

(Please Print)

ORGANIZATION/GR	ROUP:				
MAILING ADDRE	SS:				
CITY: STAT		E: ZIP:			
EMAIL:			PHONE:		
CONTACT PERSON		PAYMENT PERSON			
Name:		Name:			
Address:		Address:			
Address:		Address:			
Telephone # Day:		Telephone # Day:			
Night:		Night:			
E-Mail:		E-Mail:			
	PREFERRE	D ICE TI	ME(S)		
Rink:		Grou	Group Type:		
DAY(S) OF THE WEEK	DATES	# HOURS	START TIME	END TIME	
Reminder: Any cancella	tions of confirmed ice rent	tals are required	to be in writing, two we	eks prior to the	



Reminder: Any cancellations of confirmed ice rentals are required to be in writing, two weeks prior to the date being cancelled or your group will be responsible for the full rental charges.

