



# 2020 Request For Arena Certification

<i>Office Use only</i>	
Approved <input type="checkbox"/>	CFO Notified <input type="checkbox"/>
Rejected <input type="checkbox"/>	Initialed by: <input type="text"/>
	Certification# <input type="text"/>

**Please fill out completely \*Note: All fields are mandatory and will be sent back if not filled out\***

Date:

## Applicant info

Name of person filling out this sheet:

Email Address:

Phone:

## Arena / Area Details

Please indicate public or private arena:

Arena Contact/Landowner Name

Address/Blue sign/LSD (Inc. City, Postal Code and Province)

Phone Number

Nearest Hospital Name

Address

City Postal Code

Phone Number

Mark with an "X" one or both of the following you are requesting	
Practice <input type="checkbox"/>	Competition <input type="checkbox"/>

Mark with an "X" one or both for the following	
Indoor Arena <input type="checkbox"/>	Outdoor Arena <input type="checkbox"/>

Photo's Attached with Request\*  **PLEASE NOTE ARENA WILL NOT BE APPROVED WITHOUT PHOTOS**

Please return form to [ROBPIASTACMSA@GMAIL.COM](mailto:ROBPIASTACMSA@GMAIL.COM)

OR MAIL TO:

C/O CCMSA, 106006 242 AVE WEST, FOOTHILLS ALBERTA T1S 2Z8