

Anchorage School District
Adopt-A-Rink Application

<input type="text"/>	<input type="text"/>
School	Date
<input type="text"/>	<input type="text"/>
Name of Applicant/Group	Phone
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
Contact Person	Day Phone
<input type="text"/>	<input type="text"/>
Address	Evening Phone

.....
Verification of Principal

Signature

Date

Verification of Training/Competency

Signature (Director of Maintenance)

Date

Signature (Electrical/Mechanical Foreman)

Date

Verification of Security/Operations

Signature of Operations Manager

Date

Verification of Insurance

Signature of Risk Manager

Date

Verification of Community Services

Signature of Community Services Manager

Date

Please insure that personnel who perform rink maintenance and repairs have a copy of the approved Adopt-A-Rink Application with them at all times when working on the rink.