



FACILITY MEMBERSHIP APPLICATION

Facility Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Point of Contact Information:

The POC is the primary contact of the venue for STAR

Name: _____ Title: _____

Phone: _____ Email: _____

Additional Facility Staff Members:

Additional staff members will be added to the weekly STAR Network e-mail newsletters along with the POC for the venue

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Check here if you are interested in receiving information on hosting a STAR training program

*** Please complete form on the following page and send with application ***

STAR Facility Membership Fee: \$225 Annually

Payment Type: Check Enclosed VISA MasterCard

Card number: _____ Expiration Date: ____ / ____ / ____ CCV: _____

Name on card: _____ Signature: _____

Contributions and/or gifts to STAR are not tax deductible.



Facility Information

Please complete as much as possible

Type of ownership: Private Municipal

Year the facility was built: _____ Renovations: _____

Type of venue Indoor Outdoor Open Air

If outdoor, does the venue have: Lighting Y / N Roof Y / N Dashers Y / N Shielding Y / N

Number of ice sheets in the venue? 1 2 3 4 5 6 7 8

Size of ice surfaces: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

Seating Capacities: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

Concrete (c) or Sand Floor (s): #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____

Number of locker rooms: _____ Showers in all locker rooms? Y / N

Number of referee rooms: _____ Showers in all referee rooms? Y / N

First Aid room? Y / N Trainer Room? Y / N

Other rooms (party rooms, meeting rooms, etc.): _____

Concession Stand? Y / N Pro shop? Y / N Restaurant? Y / N Liquor License? Y / N

Skate Rental? Y / N Qty. of rental skates: _____ Type of rental skates: Hockey Figure

Type of Ice Resurfacer(s) / Year : _____

Type of fuel source for Ice Resurfacer(s): _____

Type of Edger: _____ Edger fuel source: _____

Refrigeration System: Direct Indirect Other: _____

Type of compressors: Reciprocating / Screw / Scroll / Centrifugal / Rotary

Primary Refrigerant: _____ Secondary Refrigerant: _____

Dehumidification: Y / N Type: Mechanical Desiccant Other: _____

Lighting on ice surface: Metal Halide Fluorescent Other: _____

Type of Dasher Boards: _____ Removable? Y / N Ice Dam? Y / N

Type of Shielding: Tempered Glass Acrylic Other: _____

Shielding Height: End Boards: 4' / 6' / 8' Other: _____ Side Boards: 4' / 6' / 8' Other: _____

Spectator Netting? Y / N Coverage: Entire rink Ends only Other: _____

Scoreboard(s): Center hung Wall mounted Scoreboard Manufacturer: _____

P.A. Sound System? Y / N

Public Internet Access? Y / N Cost: _____ Connection: Wireless Hard-line

Does your facility use USA Hockey programs? Youth: Y / N

Does your facility use U.S. Figure Skating Programs? Y / N