

Booking Request Form: Roller Skiing

Please Note: User groups must have approval from Whistler Olympic Park prior to accessing the venue.

Contact Information

Club Program/Group Name: _____

Primary Contact Name: _____ Phone: _____

Cellular: _____ Fax: _____ Email: _____

Invoice Address: _____

Assistant Coaches

Name 1: _____

Email: _____ Phone: _____

Name 2: _____

Email: _____ Phone: _____

Booking Request Details

Dates: _____

Requested Training Time(s): Morning Afternoon

***Update summer operating hours**

****Spring and Fall training subject to WOP approval and operating capacity**