

3 on 3 Team Roster

Team _____

Coach _____

Players	2010-2011 USA Hockey Conf. #
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
Goalie	_____

TOTAL 12 SKATERS MAX!
Includes Substitutes and/or alternates



ARCTIC



MAY 22 - AUGUST 14, 2011

Registration Deadline Is May 7th!

2 GAMES A DAY WITH TIME OFF BETWEEN!

FOR MORE INFORMATION

Call Chris Cimoch @ 708.403.4231 x138

GENERAL RULES

- USA Hockey Sanctioned
- **ALL PLAYERS MUST SUBMIT PROOF OF USA HOCKEY INSURANCE**
Players registering for 3 on 3 teams must use their 2010-2011 USA Hockey number.
- Teams are recommended to carry 9 players and 1 goalie. You may roster a maximum of 12, but there can only be 3 skaters per team on the ice at a time. This will allow each player the maximum amount of ice time.
- **24 GAMES TOTAL**
12 game days per team, play one game take a break play another game, two games per day
- Mites sign up as individuals. Cost is \$110.
- Games are all 30 minute running clock. The buzzer sounds for line changes every minute. The players will develop the speed and skills needed to change lines on the fly, and be better prepared for the fall season.
- No off sides.
- No icing.
- No checking. Checking results in a penalty shot for the opponent. Each team must have a coach on the bench before the game can start. If you do not have a coach on the bench, you will forfeit the game.
- Home team supplies scorekeeper.
- There will be one official per game.
- When a goal is scored, the puck will be placed behind the net and play will resume. There will not be a whistle.
- 3 on 3 is a fast paced game where each player has an opportunity to work on his/her stickhandling, passing, shooting, and skating skills.
- Ice will be cleaned after every 2nd or 3rd game.

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APPLICATION PLEASE PRINT 3 on 3 Fill Out Form Completely

REGISTRATION DEADLINE MAY 7, 2011

TEAM NAME _____
TEAM LEVEL _____
TEAM COLOR _____
CONTACT PERSON _____
STREET _____
CITY _____
STATE _____ ZIP _____
PHONE _____
CELL PHONE _____
EMAIL _____

COST PER TEAM \$1300 – ALL FEES TO BE PAID AT TIME OF REGISTRATION. NO EXCEPTIONS!

METHOD OF PAYMENT

Please indicate the method of payment :

CASH CHECK CREDIT CARD

Amount Enclosed \$ _____

NOTE: Do not forward cash payments with mailed applications

Make checks payable to: Arctic Ice Arena

Please note all returned checks are subject to a \$25 service charge

Card #

Credit Card Users Only:

Visa MasterCard Discover AMEX Exp. ____/____

Full Name of Cardholder (Please Print) Signature of Cardholder _____

Mail Registration Form to: Arctic Ice Arena, 10700 W. 160th Street, Orland Park, Il. 60467 OR Fax 708.403.4248

BIRTH YEARS	DIVISION	
2001-02	SQUIRT	<input type="checkbox"/>
1999-00	PEEWEE	<input type="checkbox"/>
1997-98	BANTAM	<input type="checkbox"/>
1993-96	MIDGET	<input type="checkbox"/>