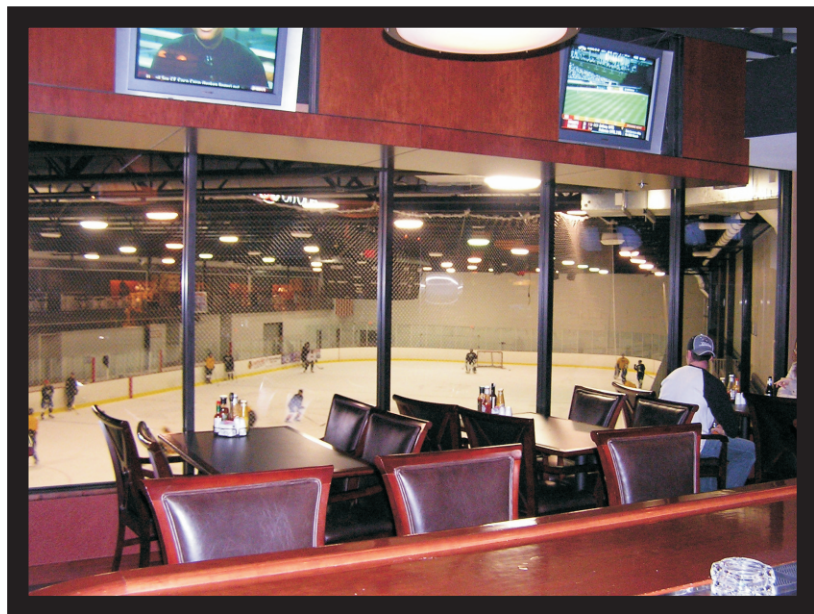


ORIGINAL SIX



BAR & GRILL

708.349.4366



Watch the games from the comfort of our restaurant upstairs!
Closed circuit TV's in our bar allows you to watch the games in all 3 rinks!



December 18 - 20, 2015
GIRLS WELCOME

FOR MORE INFORMATION
CALL CHRIS CIMOCH AT
708-403-4231 X138



GENERAL INFORMATION

Minor Mite(ADM, Under 8, Pre-Mite) and Major Mite(House League Programs)- 6 Game Guarantee

(4x4, Half Ice- Jamboree Format: 2-25 Minute Periods)

Squirts, Peewees, & Bantams- 3 Game Guarantee

Must Submit a Certified USA Hockey Roster with your Application

Fee: \$650

Dates: December 18-20, 2015

Tournament Hosting: 34 Teams

6 Minor Mite 6 Major Mite 8 Squirt 8 Peewee 6 Bantam

REGISTRATION ENDS 12/04/2015

Tournament has met maximum enrollment since its existence starting in 2004

Playing level divisions will close upon maximum team counts being met. Don't miss out and take advantage of the:

**EARLY
BIRD
SPECIAL**

Receive \$50 off if
you register before
November 14, 2015

ARCTIC FREEZE APPLICATION

PLEASE
PRINT

Send completed application to:

Arctic Ice Arena, 10700 W. 160th Street, Orland Park, IL 60467

Tel 708-403-4231

Fax 708-403-4248

TEAM NAME _____

ASSOCIATION _____

CONTACT PERSON _____

STREET _____

CITY _____

STATE _____ ZIP _____

PHONE -(HOME) _____ (CELL) _____

EMAIL _____

FAX _____

TEAM LEVEL _____

FEES:

EARLY BIRD SPECIAL: ☐ \$600

AFTER NOVEMBER 14, 2015: ☐ \$650

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**

Credit Card Users Only:

☒ Visa ☒ MasterCard ☒ Discover ☒ AmEx Exp. ____/____

Card

Full Name of Cardholder (Please Print) _____

Signature of Cardholder _____

Hold Harmless Agreement

I agree to release Arctic Ice Arena and any of its respective affiliates, owners, members, shareholders, subsidiaries, directors, officers, employees, and all agents from claims, actions, causes of actions, damages to or by the undersigned person, their parents/guardians for loss of injury resulting directly from the participation of such person in this program. I further agree to indemnify and save harmless such parties from claims, actions, damages or demands, from such participation in this program, including all costs and expenses incurred in defending any such claims or actions. I have read the release and understand this is a full final release of claims for injury and damages sustained in Arctic Ice Arena and have read over the agreement and understand the responsibilities I have assumed thereunder.

I also agree that my name and image may be used in perpetuity in any photographs, motion picture films, television broadcasts, and/or in any radio broadcasts of Arctic Ice Arena without payment of funds to holder in connection therewith.

Print Player Name _____

Signature _____

Print Parent/Guardian Name _____

Signature _____

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