

www.arcticicearena.com

# 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!

# ARCTIC FREEZE

## HOUSE LEAGUE TOURNAMENT



December 16 - 18, 2016  
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, Peepees, & Bantams- 3 Game Guarantee

Must Submit a Certified USA Hockey Roster with your Application

Fee: \$650

Dates: December 16-18, 2016

Tournament Hosting: 34 Teams

6 Minor Mite 6 Major Mite 8 Squirt 8 Peepee 6 Bantam

REGISTRATION ENDS 12/02/2016

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 19, 2016

PLEASE  
PRINT

## ARCTIC FREEZE APPLICATION

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 \_\_\_\_\_

PHONE -(HOME) \_\_\_\_\_

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

TEAM LEVEL \_\_\_\_\_

EARLY BIRD SPECIAL:  \$600  
AFTER NOVEMBER 19, 2016:  \$650

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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COMPLETELY

FORM

FILL OUT

PLEASE