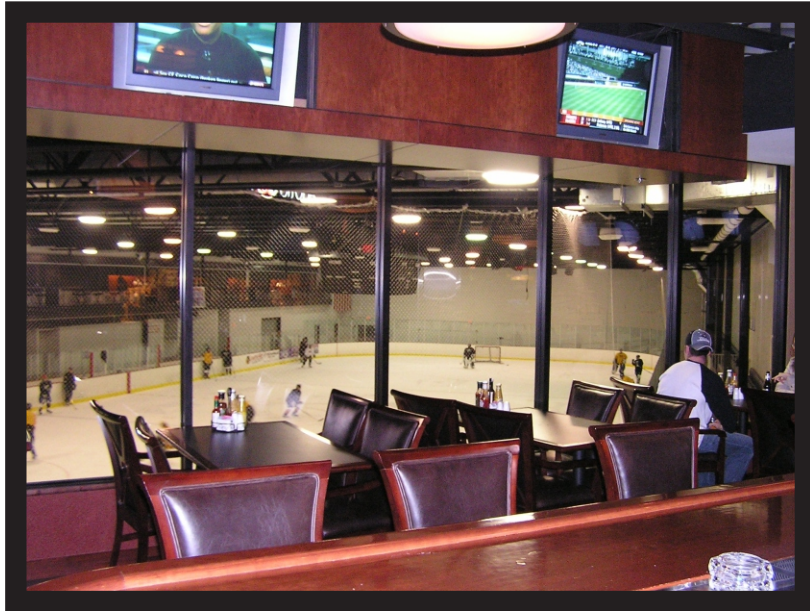


www.arcticicearena.com

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 15 - 17, 2017
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 15-17, 2017

Tournament Hosting: 34 Teams

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

REGISTRATION ENDS 12/03/2017

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 22, 2017

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 _____ ZIP _____

PHONE -(HOME) _____ (CELL) _____

EMAIL _____

FAX _____

TEAM LEVEL _____

EARLY BIRD SPECIAL: \$600 \$650
AFTER NOVEMBER 22, 2017:

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 _____

EARLY BIRD SPECIAL!
Receive \$50 off if you register before November 22, 2017

PLEASE
FILL OUT
FORM
COMPLETELY