

ARCTIC ICE ARENA



MEN'S LEAGUE



**2017
SPRING**

FOR MORE INFORMATION

CONTACT DARREN McCLUSKY

AT 708-403-4231 EXT.119

Plan your **PARTIES** and
MEETINGS with
the

ORIGINAL SIX

BAR & GRILL

We have 5 meeting rooms,
a Championship Sky Box Suite,
Banquet Room,
Casual Service Family Restaurant
and an Adult Only Sports Bar available
to accommodate all your needs.

Please Email John for Reservations
john@arcticearena.net

Family Style Meals (minimum 15 people)

The Toews Pizza Party
Adults 10.00* Children (10 & under) 5.99*

Choice of Pizza

Cheese, Pepperoni, Sausage
(Thin crust or extra thin)

The Kane Pasta Party
Adults 11.00* Children (10 & under) \$5.99*

Salad Bowl

House Salad or Caesar Salad
Garlic Bread or Bread Sticks

Choice of 2 Pastas

Penne, Spaghetti, Fettuccini

Choice of 2 Sauces

Marinara, Meat, Alfredo, Butter Parmesan

Extras add \$3.00 per person: Grilled Chicken or Meatballs

Beverages

(included with meals)
Soda, Coffee, Tea, Iced Tea

* Prices do not include local sales tax or 18% gratuity

TEAM REGISTRATION FORM

MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins February 26th, 2017

***All teams must submit a roster which includes all players information, with signed waivers from each player prior to your 2nd game. (Blank rosters are at the Front Desk.)

USA HOCKEY Sanctioned League
All players must be registered with USA Hockey. If currently registered for 2016-17, show proof at Front Desk.
UNREGISTERED?
Go to www.usahockey.com, register, email confirmation page to leo@arcticicearena.net

Game Nights: B1 - Wednesday, B2 - Thursday,
C1 - Tuesday, C2 - Sunday

10 Regular Season Games

Individuals looking for a team may contact Darren McClusky at dmgoal31@msn.com

WWW.ARCTICICEARENA.COM

CAPTAIN _____
 TEAM NAME _____
 TEAM COLORS _____
 LEVEL B1 _____ B2 _____ C1 _____ C2 _____
 STREET _____
 CITY _____
 STATE _____ ZIP _____
 HOME PHONE _____
 CELL PHONE _____
 EMAIL _____
 FAX _____

PLEASE
PRINT

PLEASE CHECK A BOX BELOW:
 \$1975 FULL PAYMENT
 \$750 Due at Registration, \$750 due 3/15/17, \$475 due 4/10/17
 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 #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**\$100 Discount if
paid in full by
2/15/17**

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

Mail Registration Form to: Arctic Ice Arena, 10700 W. 160th St., Orland Park, IL 60467 or Fax to 708.403.4248

**REGISTRATION DEADLINE
2/15/17**