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@arcticicearena.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

ARCTIC ICE ARENA

MEN'S LEAGUE

2018-19 FALL/WINTER

FOR MORE INFORMATION

CONTACT DARREN McCLUSKY

AT 708-403-4231 EXT.119

MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins October 14th, 2018

***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 2018-2019, 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

20 Regular Season Games

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

WWW.ARCTICICEARENA.COM

TEAM REGISTRATION FORM

CAPTAIN_____

TEAM NAME_____

TEAM COLORS_____

PLEASE PRINT

LEVEL B1_____B2_____C1_____C2_____

STREET _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE_____

EMAIL _____

FAX_____

PLEASE CHECK A BOX BELOW:

$3875 ☐ FULL PAYMENT

$1000 ☐ Due at Registration, $900 due 11/15/18, $1975 due 12/20/18

METHOD OF PAYMENT

Please indicate the method of payment :

☐ CASH ☐ CHECK ☐ CREDIT CARD

$100 Discount if paid in full by 10/10/2018

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

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

REGISTRATION DEADLINE 10/10/18