

# ICE HOUSE ADULT HOCKEY

111 Midtown Bridge Approach Hackensack, NJ 07601

Phone (201) 487-8444 / Fax (201) 498-1250

[www.icehousenj.com](http://www.icehousenj.com)

## 2010 SPRING LEAGUE APPLICATION

- 11 Regular Season Games
- Team Fee: **\$3650**
- Individual Applicant Fee: **\$275/Goalies \$125 (division 6 or 8 only)**
- 6 - 8 Teams Per Division - Filled on a first come first served basis
- Great Start Times - Most start times between 7:30pm and 10:30pm
- Weekly Scoring Leaders and Stats
- Top 4 teams in each Division qualify for playoffs
- Season Length April 5<sup>th</sup> - June 25<sup>th</sup>
- All players must be at least 18 years old
- REGISTRATION DEADLINE - March 24<sup>th</sup>, 2010
- SCHEDULES WILL BE ON OUR WEB SITE BY MARCH 31<sup>st</sup>

### DIVISIONAL ALIGNMENT

Division 1	Tuesday	Division 6	Wednesday/Sunday
Division 2	Thursday	Division 7	Tuesday
Division 3	Thursday	Division 8	Monday/Tuesday
Division 4	Thursday	Division 8B	Monday/Sunday
Division 5	Wednesday	Division 8C	Sunday

**HOLIDAY OR MAKE-UP GAMES WILL BE PLAYED ON SUNDAY EVENINGS**

### REGISTRATION PROCEDURES

#### Step 1.

**Teams:** Submit application with \$2000 deposit or payment in full, no later than March 24<sup>th</sup>, 2010. Team coordinator is responsible for collecting all monies for his team and submitting those payments to the Ice House. Teams must have matching jerseys with unique numbers.

If you have any question about divisional structure or team placement contact Tom Preville at [tpreville@icehousenj.com](mailto:tpreville@icehousenj.com)

**Individuals:** submit application with payment in full, along with USA Hockey confirmation.

**Step 2.** All players must be registered with USA Hockey to compete in the 2010 Spring Adult Ice Hockey League. If each player has not previously registered for the current season, please visit <https://www.usahockeyregistration.com/> to fill out the appropriate form and pay the applicable fee. When your registration is complete, print your confirmation and bring it to the hockey office. Please be sure to indicate your team name on the confirmation page. Once we receive the confirmations we will complete your registration.

**Step 3.** Once the application and deposit has been submitted for your team and the divisions have been set you will be emailed a USER NAME and PASSWORD to input and manage your team roster online. You will be required to enter each players: name, jersey #, position, date of birth, and email address. Changes to the roster can be made up until May 3<sup>rd</sup>, 2010, at which point rosters will be frozen. (Rosters are limited to 20 players including goalies) For questions about inputting your roster contact Ryan Gibbons at [rgibbons@icehousenj.com](mailto:rgibbons@icehousenj.com)

**Step 4.** If you are paid in full by March 17<sup>th</sup>, you are entitled to 1 FREE practice. This practice can only be selected by calling Tom Preville @ 201-487-8444 ext. 269. Teams will pick in order of payment in full received. Ice will be limited so sign up early!

# 2010 SPRING ADULT LEAGUE APPLICATION

*Please fill out application in its entirety*

## TEAM ENTRY: \$3650

Team Entry Name \_\_\_\_\_  
Team Coordinator \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_ Ext. \_\_\_\_\_  
Jersey Color (home) \_\_\_\_\_ (away) \_\_\_\_\_  
Please list specific date(s) that your team cannot play \_\_\_\_\_

**CIRCLE DIVISION:**      1      2      3      4      5      6      7      8      8B      8C

## INDIVIDUAL APPLICANT: \$275 / Goalies \$125

Players Name \_\_\_\_\_  
Position \_\_\_\_\_ DOB \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work # \_\_\_\_\_ Ext. \_\_\_\_\_  
Years of Continuous playing experience \_\_\_\_\_

**CIRCLE DIVISION:**      6      8B      8C

## FORM OF PAYMENT

NO REFUNDS OR CREDITS / \$25 FOR ANY RETURNED CHECKS

AMOUNT: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ (make check payable to Ice House Hockey)

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_



VISA



NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

WAIVER: It is agreed that Ice House shall in no way be responsible or liable for any injury of any kind arising out of, or in the course of any operation of Ice House. It is the intention of Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his or her enrolled son / daughter, or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of Ice House. I grant Ice House the right to use all photographs or videos taken of my child or me during any Ice House programs for advertising and promotional purposes.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

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