



10 Nevins Road  
Wayne, NJ 07470  
Phone: (973) 628-1500  
Fax: (973) 628-1555  
www.icevault.com

# 2018 High School PRE SEASON JAMBOREE

**Friday November 16th through Sunday November 18th**

**Entry Fee**

**One Day- \$525.00**

**Two Days - \$750.00**

Includes: 3 Periods of scrimmage time per day & Referee fees

**Team Information**

School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_

**Contact Information (REQUIRED)**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

ONE DAY       TWO DAYS

**Payment Information**

Please make checks payable to ICE VAULT ARENA  
 \$25.00 Surcharge for all returned checks.  
 We accept Cash, Visa, Mastercard, American Express and Discover.

**NO REFUNDS**

Payment Type:     Cash             Check             Credit Card (if paying by credit card, please note to call for number)

Payment Amount: \_\_\_\_\_      Credit Card #: \_\_\_\_\_  
 Check #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Code: \_\_\_\_\_

**Contact Justin Stanlick at JustinS@icevault.com or 973-628-1500 as soon as possible to hold your spot  
 Mail Check to the Ice Vault Arena no later then 11/1/2018**

WAIVER: It is agreed that the Ice Vault 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 the Ice Vault. I grant the Ice Vault the right to use all photographs or videos taken of me during any Ice Vault programs for advertising and promotional purposes.

Applicant's Signature: \_\_\_\_\_      Date: \_\_\_\_\_