



ICE VAULT

2019 BANDITS FALL ATOMS AGES 10 & YOUNGER

8 SESSIONS

TUESDAYS Sept. 10th – Oct. 29th

5:45 PM – 6:45 PM

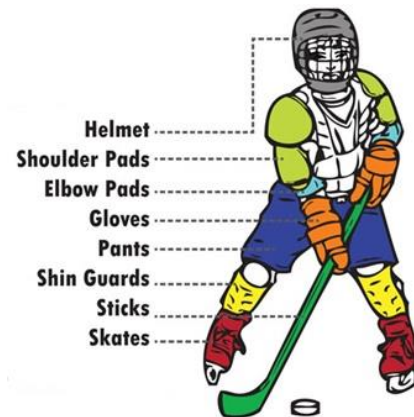
\$150.00

This Tuesday program is only for the Fall Session

Anyone enrolling after the start of the season will pay **\$25.00 PER SESSION for the remaining sessions**

Jersey and Awards for each player

***Schedule is subject to change**



This program is designed for children 10 years old and under, that can skate forward unassisted. Our Mission is to improve the skills of each player in a safe and fun environment.

Drills will include basic skating with stopping and turning, stick handling and team play.

MUST BE WEARING FULL HOCKEY EQUIPMENT

Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

E-Mail: _____ Position (circle one) GOALIE DEFENSE FORWARD

PAYMENT POLICY AND INFORMATION

All players must be USA Hockey registered. To register, please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault. Please note: registration for players born 2013 & younger is free!

NO REFUNDS OR MAKEUPS

Amount Enclosed: \$ _____ (make checks payable to the Ice Vault)

Payment must be paid in full with application. \$35.00 SURCHARGE FOR RETURNED CHECKS

Credit Card # _____ Exp. Date _____

Type: (circle one) Visa MasterCard American Express Discover

Name on Card _____ Security Code _____

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. It is the intention of the Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his/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 the Ice Vault. I grant the Ice Vault the right to use all photographs or videos taken of my child or me during any Ice Vault programs for advertising and promotional purposes.

Signature: _____ Date: _____

VISIT OUR PRO SHOP FOR ALL YOUR HOCKEY NEEDS!!

10 NEVINS RD. WAYNE NJ 07470

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www.icevault.com