

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

2019 High School PRE SEASON JAMBOREE

Friday November 22nd through Sunday November 24th

Entry Fee One Day- \$575.00 Two Days - \$800.00

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

Team Information			Contact Information	Contact Information (REQUIRED)		
School Name:		First Name:				
_			Last Name:			
Address:			Title:			
Address 2:			Home Phone:			
City:			Work Phone:			
State/Province:			Cell Phone:			
Zip/Postal Code:			E-mail:			
ONE DAY	⊖ TWO DAYS					
Payment Informatior	ו					
\$25.00 Surcharg	ecks payable to ICE ' e for all returned che Visa, Mastercard, Ar	ecks.	nd Discover.			
· · · · · · · · ,	,,	•	NO REFUNDS			
Payment Type:	○ Cash	○ Check	Credit Card (If paying by credit card	l, please note to call for number)		
Payment Amount:			Credit Card #:			
Check #:			Expiration Date:	Code:		
Contact Justi	n Stanlick at Jus	tinS@icevaul	t.com or 973-628-1500 as soo	on as possible to hold y	our spot	

Mail Check to the Ice Vault Arena no later then 11/1/2019

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.