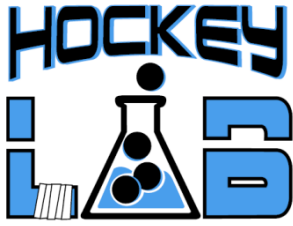
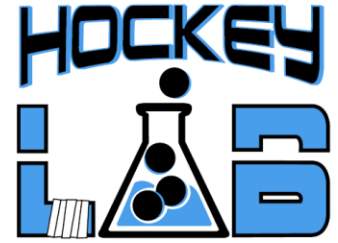


# ICE VAULT



Hockey Lab will be a spring program to develop skills and hockey IQ with position specific instruction combined with skill development drills.



Practices will push players to compete and develop their own individual skills at a higher intensity. Players will be placed onto age specific teams either by birth year or level based on number of enrollments.

We will be holding teams at the following Birth Years:

'12, '11, '10, '09, '08, '07, & '06

**COST: \$795 Per Player**

**Goalies - Free**

**PROGRAM INCLUDES:**

3 Tournaments

8 Practices at Ice Vault

Practice Jersey/Game Uniforms

**\*\*Tournament schedule is subject to change\*\***

**ALL TEAMS**

4/26 – 4/28 XHP Puckmasters 2019

Bridgewater, NJ

**ALL TEAMS**

5/31 – 6/2 Ocean State Lobsterfest

Cranston, RI

**08, 07, 06 Teams Only!**

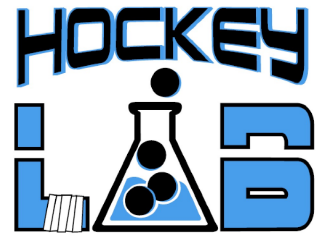
5/24 – 5/27 Ice Works Memorial Day Tournament

Aston, PA

**12's, 11's, 10's, 09's**

6/7 – 6/9 IVA MITE/SQUIRT MELTDOWN

ICE VAULT ARENA



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

# 2019 Ice Vault Arena Hockey Lab

## Participant Information

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_

Last Years Team: \_\_\_\_\_

Level Signing Up for :  2006  2007  2008

Position:  Forward  Defense  Goalie

Jersey Size:  AXL  AL  AM  AS  YXL  YL  YM  YS

### USA Hockey

All players must be registered for the 2018-2019 season. \_\_\_\_\_

### Payment Information

No refunds

\$25.00 Surcharge for all returned checks.

Payment Type:  Cash  Check  Credit Card ( Visa, MasterCard, American Express and Discover)

Payment Amount: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Check #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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: \_\_\_\_\_

## Parent/Guardian Information

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

Last years level:  AAA  AA  A  B

2009  2010  2011  2012