

ICE VAULT



Hockey Lab will be fielding teams in the IVA Spring League, the goal of hockey lab is 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.

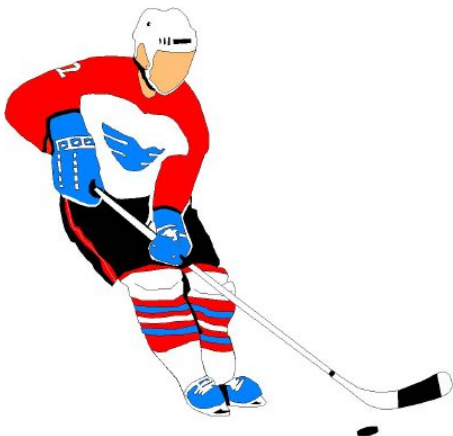
We will be holding teams at the following Birth Years:
'10, '11, '12, '13

Register on line for Hockey Lab at www.icevault.com.

www.usahockey.com, Register on line, and provide proof of registration to the Ice Vault. Please note USA Hockey registration for players born 2013 & younger is free!

2010/2011 PROGRAM INCLUDES:

14 Games
4 Practices at Ice Vault
3 Skill Sessions
Practice Jersey/Game Uniforms
COST: \$425 Per Player
Goalies - Free



2012/2013 PROGRAM INCLUDES:

12 Games
6 Practices at Ice Vault
3 Skill Sessions
Practice Jersey/Game Uniforms
COST: \$325 Per Player
Goalies - Free



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

2020 IVA Spring 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 : 2010 2011 2012 2013

Position: Forward Defense Goalie

Jersey Size: AXL AL AM AS YXL YL YM YS

USA Hockey

All Players must be registered for the 2019-2020 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