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www.icevault.com

# Spring 2020 Youth League

## TEAM APPLICATION

<p><b><u>MITES</u></b> 2012 &amp; Younger <b>\$2,300</b> 1/2 ice games 12 games/6 Practices</p>	<p><b><u>SQUIRTS</u></b> 2010 &amp; 2011 <b>\$3,850</b> 14 games/ 4 Practices INCLUDING PLAYOFFS</p>	<p><b><u>PEEWEEES</u></b> 2008 &amp; 2009 <b>\$4,800</b> 14 games/ 4 Practices INCLUDING PLAYOFFS</p>	<p><b><u>MIDDLE SCHOOL</u></b> (non check) 2006 &amp; Younger <b>\$4,900</b> 16 games/ 2 Practices 2 teams per practice NO PLAYOFFS <small>*All players MUST currently be middle school students</small></p>	<p><b><u>JV</u></b> 2003 &amp; Younger <b>\$5,300</b> 16 Games/NO PLAYOFFS/NO Practices <small>**All players MUST currently be high school students</small></p>	<p><b><u>Varsity</u></b> 2002 &amp; Younger <b>\$5,300</b></p>
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**Season starts Mid-March and ends in June**

**\*\*NOTE: playoffs may be during the week\*\***

**Individual Awards for ALL Mites and First Place Trophy for Squirt team!**

**Practices MUST be run by each team's coaching staff**

**NO practices will be run by the Ice Vault Staff.**

**Coaches MUST be present at every practice to be responsible for their team. High School Seniors are allowed to play if they are in the appropriate age group.**

**Team entries MUST provide own uniforms and coaching staff**

**Scorekeepers will be provided for Spring House League**

Level: Mite Squirt PeeWee Middle School JV Varsity

Team Name: _____	Contact Person: _____
Jersey Color: _____	Cell Phone: _____
Address: _____	Work Phone: _____
City: _____	E-mail: _____
Zip/Postal Code: _____	
State/Province: _____	

**All players and coaches must be USA Hockey registered for the 2019-2020 Season**

**Please have all players submit their registration to your organization.**

**If player is not registered, they may do so online at [www.usahockey.com](http://www.usahockey.com).**

**\*PLEASE NOTE\* Coaches need USA Hockey Coaching Certification**

### Payment Information

Full payment required with application by **February 28th** to reserve spot- No Exceptions.

Team Rosters **WITH USA HOCKEY REGISTRATION INFORMATION** due by **March 10th**

No refunds

\$25.00 Surcharge for all returned checks.

We accept Cash, Visa, MasterCard, American Express and Discover.

Payment Type:	Cash	Check	Credit Card
Payment Amount:	_____ <small>**if paying by credit card, please input call for number**</small>		
Check #:	_____		
	Credit Card Info:	_____	
	Exp. Date:	_____	CVC: _____

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: \_\_\_\_\_