



FALL/WINTER 2021-2022 Non-Checking Adult League

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

September through March

TEAM ENTRY FEE - \$6,150

\$350 DISCOUNT IF PAYMENT IS MADE IN FULL BEFORE THE FIRST GAME

Final Payment due by November 1st

15 Game Guarantee including Playoffs

Games are Sunday-Thursday

First Place Prize: \$100.00 Gift Certificate to In The Crease Sports Pub
Second Place Prize: \$75.00 Gift Certificate to In The Crease Sports Pub

**Team Roster & proof of USA Hockey Registration is due BEFORE the first game.
All players must be registered with USA Hockey!!**

Schedule Subject to Change

ALL PLAYERS MUST BE 18 OR OLDER! TEAMS ONLY, NO INDIVIDUALS!

Team Information

Team Name: _____
Address: _____
Address 2: _____
City: _____
State/Province: _____
Jersey Color _____
Zip/Postal Code: _____

Division: B C D

Contact Information

First Name: _____
Last Name: _____
Title: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Payment Information

Teams will now have the ability for their players to make their payments online!

I want my team to use the new online payment YES NO

No refunds
\$35.00 Surcharge for all returned checks.
We accept Cash, Check, Visa, Mastercard, American Express and Discover.

Payment Type: Cash Check Credit Card If paying by credit card, please type Call for card info.

Payment Amount: _____ Credit Card #: _____

Check #: _____ Expiration Date: _____ 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. 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: _____