



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

# SPRING 2023 Men's Non-Checking League

**STARTING APRIL ENDING LATE JUNE**

**TEAM ENTRY FEE - \$4,800**

**\$400 DISCOUNT IF PAID IN FULL BEFORE FIRST GAME**

**FULL PAYMENT DUE BEFORE FIRST GAME**

**12 Game Guarantee Including Playoffs**

**Games are Sunday-Thursday**

**First Place Prize: \$100 gift certificate to In the Crease Sports Pub**

**Second Place Prize: \$75 gift certificate to In the Crease Sports Pub**



**Team Roster DUE by first game**

**Proof of 22'-23' USA Hockey Registration is due before the first game.**

*\*Game Days/Times Subject to Change\**

**ALL PLAYERS MUST BE 23 OR OLDER! TEAMS ONLY, NO INDIVIDUALS!**

Division:  B  C  D

## Team Information

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

## Contact Information

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

## Payment Information

**\*Team contact is responsible for collecting and making all payments\***

**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 e-mailing form, please call with credit card information**

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

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