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# Spring 2023 Youth League

## TEAM APPLICATION

<p><b><u>MITES</u></b> 2015 &amp; Younger <b>\$2,900</b> 1/2 ice games 15 games/ NO Practices</p>	<p><b><u>SQUIRTS</u></b> 2013 &amp; 2014 <b>\$4,300</b> 16 games/ NO Practices INCLUDING PLAYOFFS</p>	<p><b><u>PEEWEEES</u></b> 2011 &amp; 2012 <b>\$5,000</b> 16 games/ NO Practices INCLUDING PLAYOFFS</p>	<p><b><u>MIDDLE SCHOOL</u></b> (non check) 2009 &amp; Younger <b>\$5,500</b> 16 games/ NO Practices NO PLAYOFFS</p>	<p><b><u>JV</u></b> 2007 &amp; Younger <b>\$5,600</b> 16 Games/NO PLAYOFFS/NO Practices **All players MUST currently be high school students</p>	<p><b><u>Varsity</u></b> 2005&amp; Younger <b>\$5,600</b></p>
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**Season starts March till the end of June**

**Individual Awards for ALL Mites and First Place Trophy for Squirt team!**  
**High School Seniors are allowed to play if they are in the appropriate age group.**

**FULL PAYMENT REQUIRED with application by March 1st to reserve spot-  
No Exceptions. Team Rosters WITH USA HOCKEY REGISTRATION INFORMATION due by March 1st**

**Team entries MUST provide own uniforms and coaching staff**  
**We WILL NOT be providing Scorekeepers for Spring House League, the Home Team will be responsible to provide scorekeepers**

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 2022-2023 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    **NO REFUNDS**

\$35.00 Surcharge for all returned checks.  
We accept Cash, Visa, MasterCard, American Express and Discover.

Payment Type:     Cash             Check             Credit Card            \*\*if paying by credit card, please input call for number\*\*

Payment Amount: \_\_\_\_\_            Credit Card Info: \_\_\_\_\_

Check #: \_\_\_\_\_            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: \_\_\_\_\_