

POLAR PALACE ARENA COMPLEX

MEN'S LEAGUE TEAM APPLICATION

TEAM NAME: _____ **COLOR:** _____

TEAM REP: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

HOME: _____ **WORK:** _____

E-MAIL: _____ **CELL:** _____

DIVISION: **A**-(GOLD) **B**-(SILVER) **B**-(BRONZE) **C**-(COPPER) **D**-(TIN)

I would rather skate late on Sundays than skate on another night. Yes No

If possible, our best 3 days to play are 1) _____ 2) _____ 3) _____ and avoid _____.

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APPLICATION MUST BE IN BY THE SPECIFIED REGISTRATION DEADLINE WITH A \$500.00 DEPOSIT. (AUGUST 27th) A COMPLETED TEAM ROSTER WILL ALSO BE DUE TO THE ARENA (1 WEEK) PRIOR TO 1ST GAME.

ALL CHECKS SHOULD BE MADE OUT TO THE POLAR PALACE ARENA COMPLEX.

PRINT NAME: _____
TEAM REPRESENTATIVE

SIGN NAME: _____ **DATE:** _____