

POLAR PALACE ARENA COMPLEX MEN'S LEAGUE TEAM APPLICATION

TEAM NAME: _____ **COLOR:** _____

TEAM REP:

ADDRESS:

CITY:

HOME: _____ **WORK:**

E-MAIL: _____ **CELL:**

DIVISION:

GOLD SILVER BRONZE COPPER TIN

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

APPLICATION MUST BE IN BY THE SPECIFIED REGISTRATION DEADLINE WITH A \$500.00 DEPOSIT. FOUR PAYMENTS OF \$1100 WILL BE MADE WITH THE FINAL PAYMENT DUE BY NOVEMBER 6, 2011. THE TEAM REP IS RESPONSIBLE FOR PAYMENT OF THE LEAGUE FEES. EACH PLAYERS USA HOCKEY INSURANCE AS WELL AS A COMPLETED TEAM ROSTER WILL BE DUE PRIOR TO THE FIRST GAME.

ALL CHECKS SHOULD BE PAYABLE TO: **POLAR PALACE ARENA COMPLEX**

PRINT NAME:

TEAM REPRESENTATIVE

SIGN NAME: _____ **DATE:**
