



ISABELLA COUNTY EVENTS ARENA

ADULT HOCKEY TEAM

APPLICATION

TEAM NAME: _____ COLOR: _____

TEAM REP: _____

PHONE REP: _____ PHONE 2: _____

E-MAIL: _____

18 + DIVISION: A League 30 + C League



The Application must be in by the specified registration deadline with a _____ down payment. The balance is due before the 1st game, along with a roster of player names and numbers. The team rep is responsible for payment of the league fees.

As team rep, I acknowledge that the league fee is a **team** fee, not individual fees. Therefore, if an individual hasn't paid their share, the team is responsible for payment or the league may suspend the team until the balance is paid without making up any games.

Each team and team member shall be responsible to follow the "ICE Arena Adult hockey League Playing Rules / Bylaws" as well as all arena rules established and published.

TEAM REPRESENTATIVE

PRINT NAME: _____

SIGN NAME: _____ DATE: _____