

Plan your PARTIES and MEETINGS with the

ORIGINAL SIX

BAR & GRILL

We have 5 meeting rooms,
a Championship Sky Box Suite,
Banquet Room,
Casual Service Family Restaurant
and an Adult Only Sports Bar available
to accommodate all your needs.

Please Email John for Reservations
john@arcticicearena.net

Family Style Meals
(minimum 15 people)

The Toews Pizza Party
Adults 10.00* Children (10 & under) 5.99*

Choice of Pizza
Cheese, Pepperoni, Sausage
(Thin crust or extra thin)

The Kane Pasta Party
Adults 11.00* Children (10 & under) \$5.99*

Salad Bowl
House Salad or Caesar Salad
Garlic Bread or Bread Sticks

Choice of 2 Pastas
Penne, Spaghetti, Fettuccini

Choice of 2 Sauces
Marinara, Meat, Alfredo, Butter Parmesan

Extras add \$3.00 per person: Grilled Chicken or Meatballs

Beverages
(included with meals)
Soda, Coffee, Tea, Iced Tea

* Prices do not include local sales tax or 18% gratuity

ARCTIC ICE ARENA



MEN'S LEAGUE



**2016
FALL**

FOR MORE INFORMATION

CONTACT DARREN McCLUSKY

AT 708-403-4231 EXT.119

TEAM REGISTRATION FORM

MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins August 21, 2016

***All teams must submit a roster which includes all players information, with signed waivers from each player prior to your 2nd game. (Blank rosters are at the Front Desk.)

USA HOCKEY Sanctioned League

All players must be registered with USA Hockey. If currently registered for 2016-2017, show proof at Front Desk.

UNREGISTERED?

Go to www.usahockey.com, register, email confirmation page to leo@arcticicearena.net

Game Nights: B1 - Wednesday, B2 - Thursday,
C1 - Tuesday, C2 - Sunday

20 Regular Season Games

Individuals looking for a team may contact Darren McClusky at dmgoal31@msn.com

WWW.ARCTICICEARENA.COM

CAPTAIN _____
TEAM NAME _____
TEAM COLORS _____
LEVEL B1 _____ B2 _____ C1 _____ C2 _____
STREET _____
CITY _____
STATE _____ ZIP _____
HOME PHONE _____
CELL PHONE _____
EMAIL _____
FAX _____

PLEASE PRINT

PLEASE CHECK A BOX BELOW:
\$3875 FULL PAYMENT
\$1000 Due at Registration, \$900 due 9/12/16, \$1975 due 10/31/16
METHOD OF PAYMENT
Please indicate the method of payment :

CASH CHECK CREDIT CARD

Amount Enclosed \$ _____

NOTE: Do not forward cash payments with mailed applications.

Make checks payable to: Arctic Ice Arena

Credit Card Users Only:

Visa MasterCard Discover AMEX EXP. _____ / _____

Card # _____

**\$100 Discount if
paid in full by
8/14/16**

Full Name of Cardholder
(Please Print)

Signature of Cardholder

Mail Registration Form to: Arctic Ice Arena, 10700 W. 160th St., Orland Park, IL 60467 or Fax to 708.403.4248

**REGISTRATION DEADLINE
8/14/16**