# **ARCTIC ICE ARENA**





FOR MORE INFORMATION
CONTACT DARREN McCLUSKY

AT 708-403-4231 EXT.119

## Family Style Meals

(minimum 15 people)

Plan your PARTIES and MEETINGS with the

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

#### **Choice of Pizza**

Cheese, Pepperoni, Sausage (Thin crust or extra thin)

ORIGINAL SI

BAR & GRILL

We have 5 meeting rooms,
a Championship Sky Box Suite,
Banquet Room,
Casual Service Family Restaurant

casual Service Family Restaurant and an Adult Only Sports Bar available to accommodate all your needs.

Please Email John for Reservations john@arcticicearena.net

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

# MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins JUNE 4th, 2017

\*\*\*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 2016-17, 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

10 Regular Season Games

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

WWW.ARCTICICEARENA.COM

### **TEAM REGISTRATION FORM**

CAPTAIN	
TEAM NAME	_
TEAM COLORS	PLEASE - PRINT
LEVEL B1B2C1C2	– PRINI
STREET	
CITY	
STATE ZIP	_
HOME PHONE	_
CELL PHONE	
EMAIL	
FAX	
## ST50 □ Due at Registration, \$750 due 6/10/17, \$4  METHOD OF PAYMENT  Please indicate the method of payment: □ CASH □ CHECK □ CREDIT CARD  Amount Enclosed \$  NOTE: Do not forward cash payments with mailed app  Make checks payable to: Arctic Ice Arena  Credit Card Users Only:  Visa MasterCard Discover AMEX EXP  Card # □ □ □ □ □ □ □ □ □ □ □	plications. \$100 <b>Discour</b>
Full Name of Cardholder Signatur (Please Print)	re of Cardholder
Mail Registration Form to: Arctic Ice Arena, 10700 W. 60467 or Fax to 708.403.4248	160th St., Orland Park, IL

REGISTRATION DEADLINE 5/22/17