

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



**2018
SPRING**

FOR MORE INFORMATION

CONTACT DARREN McCLUSKY

AT 708-403-4231 EXT.119

TEAM REGISTRATION FORM

MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins March 19th, 2018

***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 2017-18, 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

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:

\$1975 FULL PAYMENT

\$750 Due at Registration, **\$750 due 4/13/18, \$475 due 5/11/18**

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 #

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**\$100 Discount if
paid in full by
3/9/18**

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
3/9/18**