

ORIGINAL SIX



BAR & GRILL

PARTY ROOMS AVAILABLE FOR YOUR TEAM OR COMPANY OUTINGS
FAMILY STYLE MEALS FOR 15+ PEOPLE

TOEWS PIZZA PARTY

19

ADULTS \$12 CHILDREN 10 & UNDER \$7

CHOICE OF PIZZA

CHEESE, PEPPERONI, SAUSAGE
THIN CRUST OR EXTRA THIN

KANE PASTA PARTY

88

ADULTS \$12 CHILDREN 10 & UNDER \$7

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

ADD \$3.00 PER PERSON FOR GRILLED CHICKEN OR MEATBALLS

BEVERAGES

INCLUDED WITH MEALS
SODA COFFEE TEA ICED TEA

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

Prices do not include local sales tax or 20% gratuity

ARCTIC ICE ARENA



MEN'S LEAGUE



2021 FALL

FOR MORE INFORMATION

CONTACT LEO DIGNAN

AT: leo@arcticicearena.net

MEN'S LEAGUE GENERAL INFORMATION

Regular Season begins October 10th, 2021.

***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 2021-2022, show proof at Front Desk.

UNREGISTERED?

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

Game Nights: B- Thursday, C1- Tuesday,
C2- Sunday

10 Regular Season Games

Individuals looking for a team may contact Leo Dignan at leo@arcticicearena.net.

WWW.ARCTICICEARENA.COM

TEAM REGISTRATION FORM

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:

\$2000 FULL PAYMENT

\$500 Due at Registration, \$500 due 10/22/21, \$1000 due 11/12/21

METHOD OF PAYMENT

Please indicate the method of payment :

☐ CASH ☐ CHECK ☐ CREDIT CARD

**\$100 Discount if
paid in full by
10/1/2021**

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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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
10/1/2021**