

# 2008 - 2009 INLINE HOCKEY APPLICATION HOLIDAY SKATING & FUN CENTER (856) 461-3770


<b>WHEN ?</b>	SESSION #1 – SEPTEMBER 12 or 13 THRU OCTOBER 31 or NOVEMBER 1 SESSION #2 – NOVEMBER 7 or 8 THRU JANUARY 16 or 17 SESSION #3 – JANUARY 23 or 24 THRU MARCH 13 or 14 SESSION #4 – MARCH 20 or 24 THRU MAY 15 or 16 SKIP THANKSGIVING WEEK, 2 WEEKS OF HOLIDAY- CHRISTMAS / NEW YEARS, AND WEEK IN MARCH	
<b>DAYS &amp; TIMES</b>	<b><u>FRIDAY</u></b>  6:30 PM – 7:30 PM ALL AGES SKILL DRILLS	<b><u>SATURDAY</u></b>  9:00 AM – 10:15AM ALL AGES INTRA-SQUAD GAMES
<b>COST ?</b>	FEES ARE \$100 PER SESSION (1 <sup>ST</sup> FAMILY MEMBER) FEES ARE \$90 PER SESSION (ADDITIONAL, IMMEDIATE FAMILY MEMBER)  IF YOU SKATE 3 SESSIONS OF THE 2008-2009 SEASON, THE REMAINING SESSION IS \$90 FOR THE 1 <sup>ST</sup> FAMILY MEMBER.  EACH IN-HOUSE HOCKEY PLAYER MUST PAY AN ANNUAL LEAGUE FEE OF \$25 (SEPTEMBER THRU AUGUST)	

HOCKEY PLAYERS RECEIVE A TEAM JERSEY WHEN THEY REGISTER THE FIRST TIME FOR THE 2008 – 2009 SEASON

**REQUIRED EQUIPMENT:** HELMET (FULL FACE SHIELD) ... INTERNAL MOUTH GUARD ... ELBOW & KNEE PADS ... SHIN GAURDS ... HOCKEY GLOVES ... PROTECTIVE CUP (FOR BOYS) ... HOCKEY STICK.

**ALWAYS BRING WITH YOU:** YOUR TEAM JERSEY AND A WHITE T-SHIRT... YOUR WATER BOTTLE WITH YOUR NAME ON IT ... LABEL ALL OF YOUR EQUIPMENT WITH YOUR NAME ON EACH PIECE.

*PLAYER AWARD TROPHIES !*



**PLAY 3 OR MORE SESSIONS OF THE 2008 – 2009 SEASON AND YOU WILL EARN THE OMNI PLAYER AWARD TROPHY PRESENTED ON FRIDAY MAY 15<sup>TH</sup> OR SATURDAY MAY 16<sup>TH</sup>**

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HOLIDAY SKATING & FUN CENTER 2008 – 2009 INLINE HOCKEY REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

I, \_\_\_\_\_ THE PARENT OR LEGAL GAURDIAN OF THE ABOVE SKATER, DO UNDERSTAND THAT ROLLER HOCKEY IS A SPORT WHICH ACCIDENTS MAY OCCUR AND DO TAKE FULL RESPONSIBILITY FOR ANY ACCIDENTS WHICH MAY OCCUR DURING THE NORMAL COURSE OF PRACTICE AND GAMES.

PARENT / LEGAL GAURDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **HOLIDAY SKATING CENTER**  
PLEASE HAND DELIVER OR MAIL TO: HOLIDAY SKATING CENTER, P.O. BOX 8, RIVERSIDE, NEW JERSEY 08075

SPACE IS LIMITED ... APPLICATIONS WITH PAYMENT RESERVES SPACE .. DEADLINE FOR APPLICATION IS 5 DAYS BEFORE EACH SESSION ( LATE APPLICATIONS ARE ACCEPTED ONLY IF SPACE IS AVAILABLE)