

Hatfield Ice Programs

- Group Skating Lessons
- Hockey Skating Lessons
- Checking Clinics
- Kindergarten Hockey League
- Learn to Play Hockey
- Goalie Clinics
- Youth Fall Hockey League
- Youth Spring Hockey League
- Spring School Hockey League
- Adult Spring Hockey League
- Spring & Summer Figure Skating Hours

Cancellation & Credit Policy

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM.



Come Play in Our World!

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

Hatfield Ice Presents **2018 3vs3 Holiday Hockey Bash**



*Thursday December
27th, 2018*

8:00am - 7:30pm

Hatfield Ice
350 County Line Road
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

Event Focus

This one day event allows players parents to drop off their kid for a whole day of hockey. Players will split time both on and off the ice throughout the day with various activities to participate in off the ice.



The event will be split up into 2 divisions, a 12U and 14U, and played in a round robin format with all teams advancing to the 1st playoff round.

Players should have travel hockey experience. Players from Club Travel and School level teams are welcome.

Event Schedule

Check in: 8:00 AM
Start of game slots: 8:20 AM
Lunch served: 12-1 PM
Afternoon snack: 4-5 PM
Playoffs: 5:20 PM
Check out: 7 PM -8 PM

Date & Time

Dates: Thursday December 27th, 2018

Time: 8:00 AM - 7:30 PM

Limit: 30 skaters per division; 6 players per team

Divisions: 12U & 14U

Cost: \$125 per player
\$50 per goalie

Event Details

This event for run throughout the duration of the day and will provide the following:

- XboxOne & PS4 consoles
- Projector for video games
- Game jersey
- Food & drink snack options
- Catered lunch
- On-site schedule and standings
- Refs & scorekeepers
- (2) 20 minute running clock periods per 1 hour ice slot
- 5 game guarantee per team

Hockey Holiday Bash

Age group: (please circle one)

Peewee 12U (2006-2007)	\$125
Bantam 14U (2004-2005)	\$125
Goalie (2004-2007)	\$50

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Birth Date: _____

Current Team & Level: _____

Any Medical Problems: _____

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

Name: _____

And sign the necessary hospital form in order to obtain prompt release. In case of an emergency, I can be reached at the following phone number:

Phone Number _____

Parent's Signature _____

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**Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a
VISA or MASTERCARD, in person, at Hatfield Ice.**

IN consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected herewith from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice World. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Ice World shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant signature.