

BEAT THE HEAT  
WITH  
ICE LINE's  
*3 on 3 LEAGUE*  
Summer 2010

League Runs  
July - August

*Get an Edge on the  
competition:*

Register for our HST  
Summer Camps

Pick up a brochure at  
Ice Line or visit our  
website

**[www.iceline.info](http://www.iceline.info)**

Ice Line  
700 Lawrence Drive  
West Chester, PA 19380

2010  
SPRING  
EASTON CUP



**Mite, Squirt,  
Peewee, Bantam**  
*brought to you by*



700 Lawrence Drive  
West Chester, PA 19380  
Phone 610-436-9670  
Fax 610-436-4622

## Levels & Birth Years

Mite-2002 & Younger  
Squirt-2001 & 2000  
PeeWee-1999 & 1998  
Bantam-1997 & 1996

### PLAYER EVALUATIONS:

MONDAY

APRIL 12, 2010

MITES & SQUIRTS 5:15-6:15PM  
PEEWEEES & BANTAMS 6:15-7:15PM

### REGISTRATION DEADLINE:

MONDAY

APRIL 12, 2009

LEAGUE RUNS:

APRIL 17-JUNE 19

*NO GAMES*

*MEMORIAL DAY WEEKEND*

### League Fees:

\$240

\$225 if Paid in full before April 1, 2010

### Required Paperwork:

Copy of:

\*09-10 USA Hockey Registration

# 2010 EASTON CUP SPRING LEAGUE

Largest Youth Spring League in the Delaware Valley

## Game info:

- Mite & Squirt Periods: 12/12/12
- PeeWee & Bantam Periods: 12/12/15
- Games will be played 5 on 5
- 8 Games played at Ice Line
- Most games played on weekends between 8am-3pm
- Weekday games may be necessary, and will be played after 5pm

### LEAGUE DIRECTORS

contact us with questions

NICK RUSSO-LEAGUE COMMISSIONER  
610-436-9670 x 111  
russo@iceline.info

CHRIS HOMZE-LEAGUE ADMINISTRATOR  
610-436-9670 x 121  
chomze@iceline.info

VISIT OUR WEBSITE: [WWW.ICELINE.INFO](http://WWW.ICELINE.INFO)

## 2010 EASTON CUP SPRING LEAGUE

Player's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Jersey Size: \_\_\_\_\_

Position (circle one): Forward Defense Goalie

Are you interested in Coaching? \_\_\_\_\_

### Please Circle Division

Mite-2002 & Younger

Squirt-2001 & 2000

PeeWee-1999 & 1998

Bantam-1997 & 1996

HAVING FULL KNOWLEDGE AND UNDERSTANDING OF THE NATURE OF THIS ACTIVITY AND THE HAZARDS INVOLVED, I HEREBY CERTIFY THAT I HAVE PERSONAL MEDICAL INSURANCE COVERAGE FOR ANY "BODILY INJURY" THAT MAY OCCUR AND ASSUME FULL RESPONSIBILITY FOR ALL LOSSES AND INJURIES SUSTAINED WHILE INVOLVED IN THIS ACTIVITY AS IT RELATES TO THIS FACILITY. I ALSO HOLD HARMLESS ICE LINE, ITS INSURERS, THEIR AGENTS, REPRESENTATIVES, AND EMPLOYEES AND ANY OF ITS ASSOCIATES FROM ANY CLAIM RELATED THERE TO.

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relation to Player \_\_\_\_\_ Date \_\_\_\_\_

### Complete Registration Form & Return to:

Ice Line

700 Lawrence Drive  
West Chester, Pa 19380

Phone: 610-436-9670

Fax: 610-436-4622