



Mite 3 v 3 Cross-Ice Hockey Registration



Attention Mites! Looking to extend the hockey season? 3 v 3 cross-ice, hockey promotes offensive skill development by playing in a small area and having fewer players. This format gives all players more time with puck and encourages creativity. Teams will consist of six skaters (2 lines of 3 players). Players must have previous hockey experience. Registration is limited to 36 players per session and registrations will be accepted on a first-come, first-serve basis.

Dates: Sunday's, March 25, April 1, 13*, 15, 22, 27*, 29 & May 6 (8 sessions)
* Friday Dates (April 13 & 27) Ice Times are at 5:20 pm, 6:30 pm and 7:40 pm

Cost: \$79 per skater (Includes Jersey)

Choose the level your child played during the 2011/2012 hockey season:

JR HUSKIES / INTRO MITES / D MITES 8:10 – 9:10 AM

C MITES 10:30 – 11:30 AM

~~FULL JR HUSKIES / INTRO MITES / D MITES 9:20 – 10:20 AM~~

Skater's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Skaters Age _____ Parent/Guardian Name(s) _____

Parent/Guardian Email _____

(Confirmations and program information will be sent to this email address)

ANDOVER COMMUNITY CENTER RELEASE FORM

In consideration of your accepting this registration, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Andover Community Center, their staff, their representatives, successors, assignors, and any and all persons associated with the 3 v 3 cross-ice hockey program for any and all injuries suffered by me or my child while participating or spectating at or in any of the Andover Community Center programs.

Parent/Guardian _____

Signature Required

Parent/Guardian Printed Name _____

Checks Payable to Andover Community Center.

If paying by credit or debit card, please contact us at 763-767-5100 with card information.

Mail Registration and Payment to: Andover Community Center, Attn: Cindy, 15200 Hanson Blvd. NW, Andover MN 55304

For Office Use Only

Date Received _____

Check# _____

Amount Paid _____