

## About Belmont Iceland

Belmont Iceland is owned by East Bay Iceland, Inc. Our company has two rinks in the bay area offering class instruction for all ages and all levels of skating. Sign up at Belmont Iceland today and learn an activity that the whole family can enjoy.

### Skate and Shoot Mondays & Wednesdays 11:30am-1pm, \$10

Practice your skating and stick-handling on this drop-in session. Session may be cancelled for holidays, please check our online calendar.

### Adult Hockey Clinic Thursdays, 9-10:15pm, \$15

Not quite ready for a league? Looking to move up to the next level of play? Just need a few tips? Our hockey clinic will improve your skating, passing, and shooting. Get a discount by buying the package with this league!

### Youth Hockey Lessons Saturdays, 5:15-6:00pm

Get your kids started in hockey in a no-pressure, fun environment. The class uses the entire ice surface, while teaching skating and stick-handling fundamentals.



Belmont Iceland  
815 Old County Rd.  
Belmont, CA 94002



# 4-on-4 Adult Hockey League



## Fall Season 2008

### Belmont Iceland

815 Old County Road, Belmont, CA 94002

Office (650) 592-0533 Fax (650) 592-0503

Skating School (650) 592-4338

### Dublin Iceland

7212 San Ramon Road  
Dublin, CA 94568

Office (925) 829-4445

Fax (925) 829-4447

Skating School (925) 829-4448

Visit us at:

[www.belmonticeland.com](http://www.belmonticeland.com)

## Fall 2008 Application

Please print clearly!

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ M or F

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

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

Hockey Experience: \_\_\_\_\_

\_\_\_\_\_

ISI Membership # \_\_\_\_\_

League Fee (based on # of players per team) \_\_\_\_\_

Method of Payment:

Cash \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Credit Card number: \_\_\_\_\_

\_\_\_\_\_

Expires: Month \_\_\_\_\_ Year \_\_\_\_\_

The undersigned has read the information contained in this brochure concerning Belmont Iceland's 4-on-4 League. The undersigned understands that the registrant's participation in this league is conditioned upon completion of this form, payment in full of all fees outlined above (which are fully non-refundable), and submission of all required documents, listed to the left of this application, as well as a Liability Waiver, and any other documentation as may be reasonably required by Belmont Iceland.

X \_\_\_\_\_

Signature

## About Our Program

Belmont Iceland's 4-on-4 Hockey League is aimed at the Intermediate (B/C level) hockey player. There will be 2 divisions, one B-level and one C-level and below.

Players will be assigned to teams based on the player evaluation sessions during the weeks preceding the season. Teams will have a minimum of 8 players and a maximum of 12 players.

**Our aim is to provide a fun, low-key, friendly, safe atmosphere for playing hockey.**

## Dates, Times, & Cost

New players must attend the evaluation to be assigned to a team.

### New Player Evaluations:

Wednesday October 8, 2008

8:00–9:15pm and 9:30–10:45pm

Friday October 10, 2008

8:00–9:15pm and 9:30–10:45pm

### Games:

Wednesdays,

8:00–9:15pm and 9:30–10:45pm

Fridays,

8:00–9:15pm and 9:30–10:45pm\*

\*Teams will rotate games times and days throughout the season.

The season will begin October 8, 2008 and run through March 4, 2009.

**There will not be games on: October 31, November 26 & 28, December 17, 24, & 26, January 1, and February 18 & 20**

### Fees:

**\$3318.00 per team** (player fee will be determined once rosters are set)

## Game Format

- 3 15-minute periods, stop-time
- 4-minute warm-up period
- 1 minute between periods
- Teams will rotate playing the four different game slots
- 10 regular season games plus single-elimination playoffs
- Players must be a current member of ISI. You must bring a copy of your card or registration confirmation to the rink prior to the first game. **This provides additional general liability, participant accident, and participant catastrophic accident insurance.**

## How to Register

Send in a completed application along with payment and copies of the following documents:

ISI Hockey Membership Application (If necessary)

Liability Waiver (if not on file)

Mail or Fax your registration to:

**Belmont Iceland**  
**Attn: 4-on-4 Hockey**

815 Old County Rd.

Belmont, CA 94002

Fax: 650-592-0503