

# BIG RAPIDS AREA ADULT OPEN HOCKEY LEAGUE

FALL/WINTER 2009/2010 SEASON

16 GAME GUARANTEE

Plus one full sheet scrimmage

Best 2 out of 3 Championship Series

Ferris State  
University  
Ice Arena

Questions/Info.  
591-2881

## Intent of League

The intent of this league is to provide a truly recreational, no-check hockey league for a group of individuals who play for a variety of reasons. It is also the intent of league administrators, through the team selection process, to create teams of comparable skill levels. Also, referees will be calling tight games to help keep everyone safe and healthy.

## **Registration may occur in one of the following ways:**

- 1) **Partial Team** - Team representatives may protect five skaters and a goalie (including the team rep). The rest of the team will be drafted through general draft pool. The draft will take place on **Sunday, September 20<sup>th</sup> at 7:00 PM.**
- 2) **Individual** - Players who register as an individual will be in the general draft pool. All players who do not appear on a protected list must attend the rate skate session on **Sunday, September 20<sup>th</sup> at 7:00 PM.**

## **Registration Deadline:**

Registration forms will be accepted through Wednesday, September 16<sup>th</sup> at 5:00 PM or until the league is full, whichever occurs first. After the registration deadline, players will be placed on a waiting list. **Early Bird discount through September 11<sup>th</sup>.**

## **League Start Date:**

League scrimmages will take place on Sunday, September 27<sup>th</sup>. League play will begin on Sunday, Oct. 4<sup>th</sup> and end in late Feb. or early Mar., depending on playoff results. League games will be on Sunday nights with one Wednesday thrown in at the beginning of the season. Each team will be guaranteed 15 regular season games and one playoff game. There will be a "best 2 out of 3" Championship Series.

## **Game Format**

Games will be three-twelve minute stop-time periods with a three minute pre-game warm-up.

## **Cost:**

**Early Bird Registration through September 11, 2009:** Individual: \$275.00 Goalies: \$70.00.  
September 12<sup>th</sup>, 2009 and after: Individual: \$300.00 Goalies: \$95.00.

**Skaters may make two payments:** First half due at registration, **second half due by November 22<sup>nd</sup>.** Goalies are not eligible for the split-payment option.

## **JERSEY INCLUDED**

**FULL HOCKEY EQUIPMENT REQUIRED** (elbow pads, gloves, pants, supporter, shin pads, helmet.  
Highly Recommended: shoulder pads, face mask.)

## **Note:**

\*All players have the option of joining the **Ice Skating Institute Recreational Hockey Insurance Program** for an annual fee of \$25.00 which provides for a 52 week period excess medical and lifetime catastrophic injury protection while participating in an ISI sanctioned event. Registration fee and ISI membership fee (if you choose) must be paid at time of sign up. Visa, Mastercard and Discover accepted.

## ADULT OPEN HOCKEY LEAGUE REGISTRATION FORM

Sign up in person, by mail or register by phone with a credit card. Call us at 231-591-2881

Entering League: \_\_\_\_\_ As an Individual **OR** \_\_\_\_\_ On a Protected List?  
If on a protected list, whose list? \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Phone# home \_\_\_\_\_ work \_\_\_\_\_

Position (circle one)      Forward      Defense      Forward/Defense      Goalie

Skill Rating (circle one) Lowest 1      2      3      4      5      Highest

Would you consider acting as Team Representative?      Rep:      YES      NO

Amount Due: September 11, 2009 and prior: Skaters: \$275.00, Goalies: \$70.00

September 12, 2009 and after: Skaters: \$300.00, Goalies: \$95.00

**Registration Deadline: Wednesday, September 16 at 5:00 PM**

### Mail or drop off registration

#### form & fees to:

Adult Hockey League  
FSU Ice Arena  
210 Sports Dr  
Big Rapids, MI 49307

#### Direct all league questions to:

Kevin Barnes or Tim Blashill at  
(231) 591-2881

Make checks payable to: Ferris State University

**If paying by credit card, for security/identity purposes, you must do so in person or over the phone. We may no longer collect written credit card numbers.**

#### For Office Use Only:

Date received: \_\_\_\_\_ Amount Received \_\_\_\_\_

Paid by: Check# \_\_\_\_\_ Cash \_\_\_\_\_ C.C. Type (circle) Visa Mastercard Discover

ISI membership offered? \_\_\_\_\_ Accepted? \_\_\_\_\_ Rate Skate Schedule provided \_\_\_\_\_

FSU Waiver \_\_\_\_\_ ISI Roster Sheet \_\_\_\_\_ Staff initials \_\_\_\_\_

**NO REFUNDS AFTER SEPTEMBER 20, 2009**