

WICHITA RIVERFEST HOCKEY TOURNAMENT

MAY 8-10 • MAY 15-17

== *First Class Accomodations* ==

WICHITA ICE CENTER
SKATE PLAY CHILL



HURRY AND REGISTER NOW

\$800.00 Per Team

- Recreational**
- Old-Timers**
(35 & Older)
- Coed**
(2-3 Women/Team)
- Novice**
(A & B)
- Intermediate**
- Competitive**

SIX DIVISIONS

For more Information Call:

Shane Brydges
at 316.337.9199 ext. 115
hockeydirector@wichitaice.kscoxmail.com



www.WichitalceCenter.com

Competitive	Ex-Pro's, Junior Players, College-Level Players
Intermediate	Former HS Players, Some College, Junior B
Recreational	Skilled Players Who Have Not Played as Long
Novice A	Played 10 Yrs or Less
Novice B	Played 5 Yrs or Less

Old-Timer's	Players 35 & Over Goalies May Be 18 & Up
Coed	2-3 Women Per Team

Terms and Conditions:

The player assumes all risk of personal injury and/or loss which may result from participation in all activities of the Wichita Ice Center. The player will not hold the Wichita Ice Center staff, instructors, coaches, owners, sponsors, agents, or employees, liable for injury or loss which the player may sustain while participating in any activity. The player understands that the sports of ice skating, and ice hockey have physical dangers which may result in serious injury, loss, or death.

All Skaters/Players Are Advised To Carry Medical Insurance

The skater/player certifies that he/she has no known medical condition which would prohibit him/her from skating or playing the sport of ice hockey. The skater/player agrees to wear specified equipment set out in the WAHL, LTPH, and LTS activities. The skater/player agrees to reimburse the Wichita Ice Center in full, within 5 days for which the skater/player or team is held responsible by the Wichita Ice Center or owners. The skater/player agrees to the WIC policy that there is no reimbursement to any skater/player, for any reason. The WIC the final authority as to what division(s) the skater(s)/player(s) and team(s) will participate. The skater/player understands and agrees that he/she may be expelled from the WIC for any of the following reasons: a) financial delinquency, b) failure to abide by WIC rules, c) falsification of registration information. I, the undersigned, have hereby read, understood, acknowledged, and agreed to the above listed terms, conditions, and waiver/release of liability:

Participants Signature



Your Registration Includes:

- 3 Game Guarantee
- Embroidered Golf Shirts for Winning Teams
- Individual MVP and Team Awards
- Riverfestival Activity Button
- First Class Twin Rink Facility with Full-Service Pro Shop

6 Divisions/2 weekends:

May 8-10:

- Recreational
- Old-Timer's (35 & older)
- Novice A & B

May 15-17:

- Coed Rec. (2-3 women/team)
- Intermediate
- Competitive

** The Tournament Director reserves the right to move teams into their appropriate skill category.*

Sportsmanship is our goal!

Team Fee: \$ 800.00

Deposit Fee: A \$400.00 non-refundable Deposit **MUST** accompany your entry form to ensure your acceptance no later than:

March 27, 2009

** Remaining Deposit of \$400.00 must be paid in full by April 24th.*

Reserve your spot today!

Phone: 316.337.9199 ext. 115

E-mail: hockeydirector@wichitaice.kscoxmail.com

Fax: 316.337.9155

Mail Address:

**Kansas Cup Hockey Tournament
Wichita Ice Center
505 W. Maple
Wichita, KS 67213**

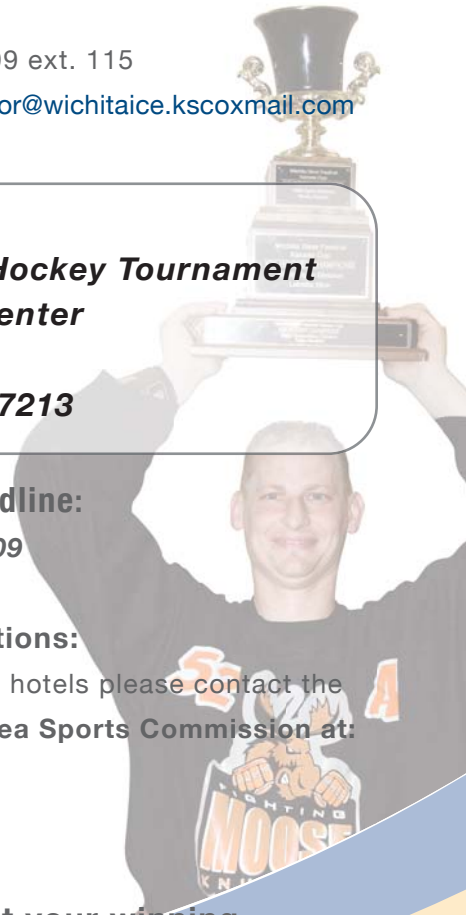
Cancellation Deadline:

Friday April 24, 2009

Hotel Accomodations:

For special rates on hotels please contact the **Greater Wichita Area Sports Commission** at:
316.265.6236

Come play & get your winning team name engraved on the Kansas Cup trophy!



Please Circle Team Skill Level:

- Recreational
- Coed (2-3 Women/Team)
- Intermediate
- Old-Timers (35 & Older)
- Novice (A & B)
- Competitive

Team Name _____

Team Representative _____

Address _____

City _____ State _____

Zip Code _____

Email _____

Home Phone _____

Cell Phone _____

Team Colors _____

Adult Tournament Players Must Be 18 Years of Age or Older to Participate. ID May Be Checked!

Office Use Only:

Payment Type:

Credit Card _____ **Check #** _____

Name on Card: _____

Credit Card #: _____

Exp. Date: _____

Signature: _____