



# 8U & 10U

**Early Sign-up Discount**  
By March 1st, 2010 \$150.

Everyone must attend the evaluation to ensure teams are equal. Evaluation dates to be determined

**INDIVIDUALS ONLY**  
WE WILL PLACE YOU ON A TEAM

## SEASON

- 4 Practices
- 10 games
- Playoffs & Championship
- Season runs APRIL THRU JUNE
- Equal playing time amongst all players
- Team Uniform
  - Uniform must be returned to Marple at end of season
- Team photos
- End of season pizza party
- PA system to announce games

## REQUIRED EQUIPMENT

- Helmet with full face cage (No Mylec Helmets allowed)
- Helmet must have HECC Certification sticker
- Shin guards, elbow pads, gloves, mouthpiece, supporter with cup.
- Inline skates without brakes, including goalies.

## LEAGUE RULES

- IDS Speed puck played on Sport Court ATAC Floor
- All divisions require one adult coach
- 8U & 10U is 4 vs 4 plus a goalie
- League is non-check
- 2-30 minute running periods.

*We reserve the right to change team roster as needed. We reserve the right to change the schedule during the season as needed. We do our best to accommodate everyone, but can't guarantee league play on a specific night.*

**INDIVIDUALS ONLY**  
WE WILL PLACE YOU ON A TEAM

Everyone must attend the evaluation to ensure teams are equal. Evaluation dates to be determined

## Individual entry

\$185. (which includes team jersey) Individual return registration from and payment in full (non-refundable) Space is limited

All players must purchase MSA Insurance. Cost is \$12.00 per year. Application Deadline March 26<sup>th</sup>, 2009

## FIRST TIME PLAYERS

\$209

by March 15<sup>th</sup>, 2010  
Includes free season & the following equipment:  
Helmet, skates, gloves stick, elbow and shin pads. Upgrades available at an extra cost

Remit Payment to:

MARPLE SPORTS ARENA  
611 SOUTH PARKWAY BLVD.  
BROOMALL, PA 19008  
Located in the Lawrence Park Industrial Center  
www.MarpleSportsArena.com

**Coaches Needed**  
**\*Full Commitment Required**  
**\*Limited Number of Spots**  
**\*Attend Mandatory coaches meeting**

Phone 610-338-0111 Fax 610-541-0621



REGISTRATION FORM

AGE DETERMINED AS OF JANUARY 2010

- 8U plays Fridays
- 10U plays Thursdays

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

Address \_\_\_\_\_

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

Zip \_\_\_\_\_ Age \_\_\_\_\_

Home # \_\_\_\_\_

Years played \_\_\_\_\_ Goalie: Yes Or No  
No charge for goalies

Parent/Guardian Info \_\_\_\_\_

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

Cell# \_\_\_\_\_

Payment \_\_\_\_\_

Credit Card Check Cash \_\_\_\_\_

Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp \_\_\_\_\_ CVC \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_

ABSOLUTELY NO REFUNDS/ARENA CREDIT ONLY

In an effort to keep teams in the league balanced and competitive, Players may request to be on the same team with one player only. Write name here

MSA reserve the right to deny request as needed to make sure team is balanced.