



Pavilion Recreation Complex Winter 2017 Adult Hockey League

Register Online at www.greenvillerec.com or www.sportability.com/pavilion

League Information

Greenville County Parks, Recreation & Tourism is looking forward to another exciting season of hockey at the Pavilion. The Winter Season will consist of **10 GAMES**, plus playoffs. The League begins Sunday January 8th and will run through the middle of April. There will be three levels of play this season: B (Advanced/Upper-Intermediate), C (Intermediate/Lower-Intermediate), and D (Beginner). **There will be a Captains' meeting at the Pavilion on Thursday, January 5th at 7:00pm. If the Captain is unable to attend please have ONE team rep attend in his or her place. ONLY (1) REP PER TEAM PLEASE**

THE DEADLINE TO REGISTER IS MONDAY January 2nd or when the league(s) reach their capacity. No Late Registrations Accepted. No Exceptions!

Each team will be capped at (14) players plus a goaltender.
'B' & 'D' Leagues will have (7) teams or (98) skaters plus (7) goaltenders
'C' League will have (11) teams or (154) skaters plus (11) goaltenders

Game Times

B League: Mondays at 7:45pm, 9:00pm, & 10:15pm
C League: Sundays at 4:45pm, 6:00pm, 7:15pm, 8:30pm, 9:45pm & 11:00pm
D League: Thursdays at 9:00pm & 10:15pm & Sundays at 4:45pm, 6:00pm, 7:15pm, 8:30pm, 9:45pm OR 11:00pm game

*The league reserves the right to reassign any individuals who are too strong for their requested league. ***These are tentative game slots, and are subject to change.**

Cost

(10) Games plus Playoffs
\$200.00 (\$250.00 out of county)
(\$46.00 Annual USA Hockey Membership required)
****Payment must be made at the time of Registration****
****Pro-Rated Registration Fees are not available****

For more information, please contact:
George Fowler at gowler@greenvillecounty.org
Or call 864-322-7529 ext. 208

Pavilion Recreation Complex
400 Scottswood Road
Taylors, SC 29687



WINTER 2017 ADULT ICE HOCKEY REGISTRATION FORM

THIS FORM MUST BE COMPLETED IN FULL

NAME: _____ D.O.B: ____/____/____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____ (INFO WILL BE COMMUNICATED VIA EMAIL)

LEVEL: (Please circle Level) **B** (Advanced / Upper-Int.) **C** (Lower-Int.) **D** (Beginner)

GCPRT reserves the right to move players based on skill level

LAST TEAM PLAYED FOR: _____ POSITION: _____

TEAM REQUEST: _____

***GCPRT reserves the right to move players between teams to create team parity**

OTHER EXPERIENCE: _____

IMPORTANT:

Our league is now officially sanctioned by USA Hockey. This will require ALL PLAYERS & OFFICIALS to register with USA Hockey and receive all the benefits membership has to offer. **Membership cost is \$46.00 annually. Please go to www.usahockey.com to register. A copy of your USA Hockey membership number must be provided at registration.** You will not be able to participate in league play until a copy of your registration confirmation page with USA Hockey and your Member ID# is provided.

Your USA Hockey Membership number is required in order to complete registration. Please provide a copy of your confirmation page you received from USA Hockey.

USA HOCKEY MEMBERSHIP NUMBER: _____

***** Registration forms will not be accepted without providing your USA Hockey Membership Number *****

Proof of residency may be required

PAVILION USE ONLY:

REGISTRATION AMOUNT PAID: _____ DATE: ____/____/____ RECEIVED BY: _____

METHOD OF PAYMENT: CASH: _____ CREDIT CARD: _____ CHECK#: _____