



## 2023 LSC Summer 4 vs 4 Registration Form

League fee for the 2023 season is **\$425.00 cash, check or credit card**, due at the time of registration and payable to Lancerlot Sports Complex. **Please note that there will be no refunds issued for any reason.**

<b>Printed Name:</b>	<b>Date of Birth:</b>	<b>Sex: M / F</b>
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Cell Phone:</b>	<b>Work Phone:</b>
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<b>Email Address:</b>
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<b>Emergency Contact Name:</b>	<b>Emergency Phone:</b>
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<b>Have you ever played hockey before?</b> Yes / No	<b>If yes, where:</b> _____ <b>What level/type of league:</b> _____
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LSC proudly returns our 2023 Summer 4 vs 4 Hockey League. Finally, a league where you get a ton of ice time and get whipped into fantastic shape at the same time! Below are some of the sweet deets!

**4 vs 4 game play with a max roster of 8 players and 1 goalie. No player draft, register your 8 and a goalie and let's go! A 16-game minimum. No icing. No faceoffs if a puck goes out of play or when the goalie freezes the puck. 3 - 18-minute running clock periods. Overtime is 1 - 5-minute 3 vs 3 period followed by a 3-player shootout if applicable. League abides by USA Hockey rules.**

**I understand that I must return the league issued jersey and socks that were furnished to me at the end of the year, or I will be held responsible for paying for a replacement if applicable. I also understand and agree to obtain proper USA hockey certifications and/or league appropriate insurance. I also understand that all proper paperwork, certifications, and payments must be complete in order to participate in league games.**

I have read and understand the above statements (signature required) \_\_\_\_\_

<b>PAYMENT METHOD:</b>	Cash: _____	Check: _____ Check #: _____	Credit: _____
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If paying by check, name of bank on check \_\_\_\_\_

Credit Card# \_\_\_\_\_ Three Digit Security # on Back of Card \_\_\_\_\_

Type of Credit Card: (Visa, Master Card), \_\_\_\_\_ Expiration Date of Card: \_\_\_\_\_

Exact name as is appears on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

*For LSC Staff use only:* Amount Paid: \_\_\_\_\_ LSC Staff: \_\_\_\_\_

