

# 2008



# Future Stars

## CROSS ICE IN-HOUSE PROGRAM

10 Saturday Practices and 10 Sunday Games  
For all players 10 and under

Full Equipment Required

### \$235 per player

### Fall Series

11:50p-12:50p

Saturdays  
11:50p-12:50p

September 6, 13, 20, 27  
October 4, 11, 18, 25  
November 1, 8

Sundays  
11:50p-12:50p

September 7, 14, 21, 28  
October 5, 12, 19, 26  
November 2, 9

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

MasterCard or Visa #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make checks payable to **THE POND, INC.** All returned checks are subject to a \$30.00 return check fee.  
All refunds are "Limited" to Proof of Medical Injury/Illness, refunds include a \$35.00 non-refundable Registration Fee.

**Waiver:** In consideration of using The Pond Ice Arena and understanding that there are inherit risks in connection with this activity; I hereby assume these risks for myself and/or individual(s) under my responsibility. I waive any possible claim that may arise against BSBB Ice LLC, The Pond Inc. and its employees for any damages or injuries sustained in the course of the activity and I agree to indemnify and save harmless and not to assert a claim against or sue BSBB Ice LLC, The Pond Inc., and its employees for any such damages or injuries or any and all other claims which may arise in connection with my (our) use of the facilities, or travel to and from these facilities.

Parent Signature: \_\_\_\_\_

For more information, please contact the Hockey Director **Mark Cardillo**  
101 John F. Campbell Drive  
Newark, Delaware 19711  
(302) 266-0777 Ext. 10 (Fax) 266-7793  
e-mail [mcards32@yahoo.com](mailto:mcards32@yahoo.com) [www.thepondicearena.com](http://www.thepondicearena.com)