

THE ORIGINAL SPRING LEAGUE 2005

Hockey for:

**Mites, Squirts, Pee Wees,
10U & 12U Girls**

*Season starts March 15th and
ends May 22nd
(dates approximate)*

Sponsored by:
North St Paul Hockey Association

ORIGINAL SPRING LEAGUE

INCLUDES

- 1 Practice
- 11 Games
- Game Jersey

*All games played at either
Polar or St Croix Arenas*

LEVELS OF PLAY

- Mite A and AA
- Squirt A and AA
- Pee Wee A and AA
- 10U girls A and AA
- 12U girls A and AA

*This is meant to be a “FUN”
league, **NOT** a competitive
“All Star” league.*

THE ORIGINAL SPRING LEAGUE

FEES

MITE:

- \$1,520 per team
- \$95 per player

SQUIRT, PEE WEE, GIRLS 10U & 12U:

- \$1,840 per team
- \$115 per player

*(Complete teams should send all
forms together in one envelope)*

(Costs are based on a 16 - player
roster. Teams with short benches
will still need to cover the total team
cost.)

Space is limited so sign up early!
Registration will be on a
“First come, first play” basis.

*Registration deadline is February
28th – NO EXCEPTIONS!*

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HOW TO PICK THE CORRECT PLAYING LEVEL

(Level of play is based on where the player will be for the Winter 2005/2006 season)

Players who will be entering their final year of Mites for Winter 2005/06 should play AA; younger Mites should play A.

Players entering their first year of Squirt, PeeWee, 10U or 12U in Winter 2005/2006 should skate A; players returning for their second year of Squirts, Pee Wees, 10U or 12U for the Winter of 2005/2006 should register for AA.

Note: Returning players that will probably play C level can register for A rather than AA level Spring League.

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Registration Form

Player name: _____

Age: _____ Date of Birth: _____

Gender: Male Female

Street address: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Phone Number: (____) _____

E-mail Address: _____

Spring League level you are registering for
(please circle level and A or AA):

Mite Squirt PeeWee 10U 12U
 A or AA

Level of play for Winter 2004/2005

(please circle level and A, B or C):

Mite Squirt PeeWee 10U 12U
 A or B or C

Parent Signature Required:

_____ Date _____

(By signing above I agree to all rules set forth by The Original Spring League and indemnify and hold harmless The Original Spring League, North Saint Paul Area Hockey Association and all volunteers for any claim whatsoever. I agree that I have primary medical insurance covering the above listed player.)

Make Checks payable to: NSPAHA

Mailing address:

**North St Paul Hockey Association
PO Box 9004
North St Paul, MN 55109**

*If you have any
additional questions or
comments, please
send an email to:*

springhockey@hockeymail.com

Or Visit:

www.nsphockey.org

"LETS PLAY HOCKEY!"



**North St Paul Hockey Association
PO Box 9004
North St Paul, MN 55109**