



Glenview Stars 2013-14 Mite House Plus



Mites 2005 and 2006 birth years only

The House Plus program is a **developmental** program designed to assist the advanced house league player. Our teams will play teams from other programs in the area: Winnetka, Northbrook, and Wilmette will also participate. Travel will be limited to within 15 minutes of Glenview. We try to minimize any conflicts with house league as best as we can. Each team will play an 8 game schedule beginning right after the school break in January and concluding in early March. The purpose of the program is to:

1. Give additional ice time/instruction/competition to participants and develop your hockey player.
2. Allow players/parents to experience "travel" hockey on a limited basis to determine the interest level before making a full commitment to travel hockey.

The player fee includes 8 league games, 6 practice/skill sessions, referees, team jersey, and coaches. Some goalie equipment is available for use if needed.

Player fee: \$350
Goalie fee: \$100

There will be a player evaluation session on **Sunday, December 15th from 8:10-9:20 am** at the Glenview Ice Center. We are forming two teams. Children participating in the Glenview Grizzlies House League **born in 2005 or 2006** are eligible to participate.

We cannot guarantee spots to all children. Team placement will be made in the order of when registrations are received 1st come 1st served **up to a maximum of 30 players and two goalies** (two teams of equal skill levels will be formed)

There is no fee for evaluations, but season payment is due in full prior to evaluations. Payments will be processed only after team selections are announced and your player is placed on a team, remember, space is limited.

****You must include your players 2013-2014 USA hockey confirmation page with registration****

GLENVIEW STARS 2013-14 MITE HOUSE PLUS REGISTRATION FORM

Player Name: _____ DOB _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone Numbers: (H) _____ (C) _____
 Email Address: _____
 Parents' Names: Mom _____ Dad _____
 Visa/Master Card# on card: _____
 Exp. Date: _____ Sec Code _____ Amount Authorized: \$ _____
 Checks payable to The Glenview Stars: Check # _____ Amount \$ _____

Submit form to the **Glenview Stars, 1851 Landwehr Rd. Glenview, IL 60026** by Dec 11th, 2013. **Questions?**

Please contact our Hockey Director Sylvain Turcotte hockeydirector@glenviewstars.org

