

## Discount

Families registering more than one child for Ice Hawks program will receive a \$50 discount per player on the 3rd & Final Payment.

## Sponsorship Opportunity

Help support the children in your community by placing your company's logo on the jersey of the players. With this support, your company will be seen by hundreds of people each time the child wears their jersey.

Cost: \$250.00

## Cancellation & Credit Policy

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM



Come Play in Our World!

Hatfield Ice  
350 County Line Rd.  
Colmar, PA 18915  
[www.hatfieldice.com](http://www.hatfieldice.com)



2026 - 2027

# ICE HAWKS

"B" TRAVEL TEAMS



**PEEWEE & BANTAM  
LEVELS**

Hatfield Ice  
350 County Line Road  
Colmar, PA 18915  
215-997-9797  
[www.hatfieldice.com](http://www.hatfieldice.com)

## Ice Hawks Program

Hatfield Ice is proud to present the Ice Hawks Light Travel program for the 2026-2027 season. Teams will participate in the Delaware Valley Hockey League's "B" level. This program will provide ice time before and during the season to promote skill development, team unity and off-ice training to help players prepare for the upcoming season.

All Players interested must attend the evaluations and turn in ALL forms before stepping onto the ice. The players will be evaluated and will be placed either on a league team or on the practice squad.

## Program Details

- Participation in the Delaware Valley Hockey League's "B" Level
- 20 Game Minimum (Home & Away)
- 30 On-Ice Practices @ Hatfield Ice or Hockey Heaven (Pewee/Bantam)
- Uniforms are NOT included in the cost and must be purchased separately through Hockey Heaven Pro Shop
- Post Season Skating & Pizza Party

## Practice Squad

Are you a new to the game and looking to get the ice time needed to improve and eventually join a team? Sign up for the Ice Hawks practice squad.

- 30 Practices (Minimum)
- Cost: \$800 (Due with Application)
- Post Season Skating & Pizza Party
- Players are not guaranteed to play in any games.

## Cost & Payment Schedule

Total Cost to play for the Ice Hawks Light Travel Program is: **\$1,500.00 per player.**

- **\$800 deposit Due with Application**
- **\$350 Due by August 7th, 2026**
- **\$350 due by November 6th, 2026**

**UNIFORMS:** Not included in program cost. Jerseys and socks must be purchased through Hockey Heaven Pro Shop. All players MUST have Home & Away Jerseys and Gold socks.

**Note: There is 3% fee on Credit Card Transactions. Fee is not applied to cash or check transactions.**

## Evaluation Dates/Times

### Pewee Evaluations (2014 & 2015)

April 15th, 2026 7:10 - 8:10pm  
April 22nd, 2026 7:10 - 8:10pm

### Bantam Evaluations (2012 & 2013)

April 15th, 2026 8:20 - 9:20pm  
April 22nd, 2026 8:20 - 9:20pm

## Registration Checklist

The following items must be turned in before stepping on the ice for evaluations:

- \_\_\_ Filled Out Program Brochure
- \_\_\_ USA Hockey Confirmation Page
- \_\_\_ Copy of Birth Certificate
- \_\_\_ (3) DVHL Code of Conduct Forms
- \_\_\_ Player Contract Forms
- \_\_\_ **1st Payment of \$800.00**  
(Cash, Check, Visa, MasterCard, Discover)

All Players, including practice squad, must turn in a copy of their 2026-27 USA Hockey Confirmation Page, All DVHL Code of Conduct Forms, & copy of their Birth Certificate with this application. Players can register for USA Hockey online at:

[www.usahockey.com](http://www.usahockey.com)

## 2026 - 2027 Ice Hawks "B" Travel

Sign up for: (Please circle one)

<b>Practice Squad</b>	<b>\$800</b>
<b>Pewee (2014 &amp; 2015)</b>	<b>\$1,500</b>
<b>Bantam (2012 &amp; 2013)</b>	<b>\$1,500</b>

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any Medical Problems: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Goalie? (Please Circle) YES NO

### MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

Name: \_\_\_\_\_

And sign the necessary hospital form in order to obtain prompt release.

In case of an emergency, I can be reached at the following phone number:

Phone Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM**

**Make Checks payable to: HATFIELD ICE**  
**Credit Card payments can only be made with a VISA, MASTERCARD or DISCOVER, in person, at Hatfield Ice.**

In consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected here with from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Hatfield Ice shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

**All applications require participant or parents signature.**

Signature \_\_\_\_\_

Date \_\_\_\_\_