



EDGE ICE ARENA

ADULT HOCKEY LEAGUE – FREE AGENT FORM

Date Application Submitted _____

Name _____ / _____ D.O.B. _____
Last First

Address _____

City _____ State _____ Zip Code _____

Phone: (H) _____ (Wk) _____ Cell _____

Email Address _____

Position: ___ Forward ___ Defense ___ Goalie

Requested Division:	Check 1 or 2	Division	Day of Play
	___	C-1	MON
	___	C-2	WED
	___	D-1	TUE
	___	D-2	SUN
	___	D-3	SUN
	___	Over 40 Draft League	THU

Season Information:

- 20-Game Winter Season plus double elimination playoffs (season begins in mid-September).
- 10-Game Summer Season plus single elimination playoffs (season begins in mid-May).
- Edge Adult Hockey League is non-checking. USA Hockey Sanctioned League.

Playing Experience:

Briefly describe your playing experience/skill level

Years of Experience: _____ Ice _____ Inline

Important Notes:

- This is a request for placement only.
- Completion of this form does not guarantee a roster spot.
- No money is to be accepted with the submittal of this form.
- Players that are placed with a team must register with the league and USA Hockey prior to playing their first game.

Please Return Application by email: ashowers@fhprd.org

or by mail to:

Edge Ice Arena
 Attn: Hockey Director
 6623 South Ward Street
 Littleton, CO 80127

Please contact Hockey Director
Phone: 303-409-2211 • Fax: 303-409-2240
www.foothills.org