



Dare to take the challenge?

Mite through Midget/HS: AA, A & B

Two remaining tournaments for 2011:

Spring Fever Challenge (4/29-5/1)

May Madness Challenge (5/20-5/22)

Age Level	Period Length	Tournament Cost	Competitive Local Tournament
Mite/Novice	11 minutes	\$595.00	\$895.00
Squirt/Atom	12 minutes	\$650.00	\$950.00
Pee Wee	13 minutes	\$650.00	\$950.00
Bantam	13 minutes	\$695.00	\$995.00
Midget/High School	14 minutes	\$795.00	\$1095.00

****Save \$300 per team****

Contact: Michael Papa

mpapa@leapsicecentre.com

847-844-8700 ext. 222

801 Wesemann Drive • West Dundee, IL 60118

Tournament Highlights

- ❖ Our tournaments are USA Hockey Sanctioned.
- ❖ There is a 4 game minimum with a 5 to 6 game maximum.
- ❖ Free admission to all games.
- ❖ All games are played to the finish, no time limits.
- ❖ Each player will receive a tournament souvenir.
- ❖ In addition to a team award, all players from the 1st and 2nd place teams will be given awards.
- ❖ Local Hotels with excellent service at an affordable price.

Specific Tournament Highlights:

Spring Fever Challenge



Tournament Dates & Times

The tournament will commence on Friday, April 29th as early as 7:00am. All championship games will wrap up the tournament by 6:00pm on Sunday, May 1st. Additionally, there will be possible games scheduled on the evening of Thursday, April 28th (local teams only).

Mite, Squirt and Pee Wee teams will play earlier in the day on Friday, Saturday and Sunday. The Bantam and Midget/HS teams will be scheduled to play in the afternoons and evenings on each day.

We have provided this information to aid in the planning of your team's travel arrangements. You will have to send in your airline itineraries as well as the rooming lists one month prior to the tournament start date to verify that we can corroborate the game schedule with your flight times. It will be difficult to change any game times on the schedule once it has already been issued. Hope for the best- plan to compete in the championship on the final day of the tournament, Sunday, May 1st.

May Madness Challenge



Tournament Dates & Times

The tournament will commence on Friday, May 20th as early as 7:00am. All championship games will wrap up the tournament by 6:00pm on Sunday, May 22nd. Additionally, there will be possible games scheduled on the evening of Thursday, May 19th (local teams only).

Mite, Squirt and Pee Wee teams will play earlier in the day on Friday, Saturday and Sunday. The Bantam and Midget/HS teams will be scheduled to play in the afternoons and evenings on each day.

We have provided this information to aid in the planning of your team's travel arrangements. You will have to send in your airline itineraries as well as the rooming lists one month prior to the tournament start date to verify that we can corroborate the game schedule with your flight times. It will be difficult to change any game times on the schedule once it has already been issued. Hope for the best- plan to compete in the championship on the final day of the tournament, Sunday, May 22nd.

Tournament Divisions/ Team Classifications

Leafs Ice Centre aspires to give your team the best possible experience in this competition. The equality of the teams in each division is very important to us. Due to the dissimilarity of age divisions and skill classifications from state to state there is a chance that your team's opponents might have players that are moderately older or younger.

Age Groups

Below is the list containing the USA Hockey based age groups associated with each level for the 2011-2012 season:

Level	Player Birth Years
Mite	2003 and younger
Squirt	2002 and 2001
Pee Wee	2000 and 1999
Bantam	1998 and 1997
Midget Minor/ High School JV	1996 and 1995
Midget Major/ High School Varsity	1994 and 1993

Skill Levels

Our tournament will consist of three basic skill levels. Moreover, we will make sure to allocate all teams in a suitable skill level, even in the instance that the assigned level is different from the standards in your home area. Do not hesitate to contact us to discuss the classification of your team.

AA Level- generally the "best or first picked travel team within a Tier II organization. These teams will often consist primarily of "second year" or "major" aged players within the age group. In some cases, Major A teams are also a more appropriate fit for this level.

A Level- generally the second, and possible lower, travel level teams chosen within a Tier II organization. These teams will often consist primarily, but not necessarily exclusively, of "first year" or "minor" aged players within the age group.

B Level- generally the third, or lower, travel level teams chosen within a Tier II organization or teams that are classified as Tier III. Teams at the B levels may often be populated by many players in their first year of "travel" hockey.

****Attention Michigan "A" teams:** "A" teams in states outside of Michigan consist of first and second year players. Although the age designations for Michigan "A" teams are different than the teams outside of Michigan, we have found that Michigan "A" teams can still perform adequately at this skill level.

Tournament Hotels: Policies and Procedures

Pinnacle Sports has acquired room blocks for all teams traveling from out of the area to compete in our tournament. You will be required to use a minimum of 15 rooms on both the Friday and Saturday night of the tournament.

** A rooming list is required to book a team reservation. This cannot be issued over the phone so please do not contact the hotels directly. Teams will receive rooming lists with their registration forms. As a stipulation of participation in this tournament, all teams that decide to stay in hotels, including out-of-town teams, must reserve their rooms through us and stay in the hotels that we have approved. **

The availability in the hotels we have chosen is on a first-come, first-served basis. Please complete the rooming list forms and return them to Pinnacle Sports at least 4 weeks prior to the start of the tournament so we can reserve your team's rooms as soon as possible.

Pinnacle Sports has chosen an exceptional assortment of hotels close to our location, selected to offer all of our travelers the ultimate experience. Here is a list of our partner hotels. All rates are per night, tax not included:

Holiday Inn Hotel & Suites (3 miles from rink):

495 Airport Road
Elgin, IL 60123

****\$79 per night****

Country Inn & Suites (1 mile away):

2270 Point Blvd
Elgin, IL 60123

****\$89 per night****

Holiday Inn Express Hotel & Suites (2 miles from rink):

2595 Bunker Hill Road
Algonquin, IL 60102

****\$89 per night****

Comfort Suites (1 mile away):

2480 Bushwood Drive
Elgin, IL 60123

****\$89 per night****

Tournament Registration

Please complete and mail with entry fee payment via Check or Money Order to: Leafs Ice Centre • 801 Wesemann Drive • West Dundee, IL 60118

Phone: 847-844-8700 • Fax: 847-844-8706

Select the tournament (circle): Spring Fever May Madness

Team Name: _____

Age Group (Circle)

Skill Classification (Circle)

Mite Squirt Pee Wee Bantam

AA

A

B

Midget Minor Midget Major

Team Contact's Information

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (Home) _____ (Work) _____ (Fax) _____

Coach's Information

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (Home) _____ (Work) _____ (Fax) _____

Preliminary Team Information

Hometown League: _____

(NIHL, PAHL, CBHL, WNYAHL, DVHL, LCAHL, Adray, CSDHL, NWHL, etc.)

Division within League: _____

(AA, A1, A2...AA Major, A Major...Gold, Silver, Bronze...Red, Blue...)

Example birth year/# players birth year/# players birth year/# players

Player Birth Years: 1995/17 _____ / _____ _____ / _____ _____ / _____

2009-10 or Current Record: W _____ L _____ T _____ Goals For _____ Against _____

Teams must be registered with USA Hockey. Teams will be required to submit a certified roster prior to the start of the tournament.

Tournament Checklist

To be sent to the tournament location:

- ❖ Registration Form(*No later than one month prior to the tournament start date*)

With Registration Form:

- Payment
- USA Hockey Roster, CHA cards or affiliate roster
- Travel permit (if required by your affiliate)
- List of players and staff- first name, last name, jersey #
(must be legal name; you can email the roster as well)
- Game Log (list games 14 days before tournament start date)
- Team Evaluation Form
- Questionnaire

- ❖ Airline Itinerary (one month prior to the tournament start date)

With Airline Itinerary:

- Rooming Lists

To receive from the tournament location:

- ❖ E-mail confirmation with a receipt of your application and payment
- ❖ Game Schedule (no later than a week before the tournament start date)

Player & Coach/Staff Lists

Jersey Number	Player's Legal Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Name	Coach/Asst/Manager	Email
1.		
2.		
3.		
4.		
5.		

Team Evaluation Form

Name of Team: _____ Hometown: _____

Affiliate Classification: _____ League Classification: _____

Name of contact: _____ Name of Coach: _____

League website: _____ Team website: _____

Current Record: (W/L/T) ____/____/____ Goals: For ____ Against ____

Have you played a tournament during this season? Y____ N____

If yes, When? _____ Where? _____

Classification your team played in during this previous tournament? _____

_____.

Results: (W/L/T) ____/____/____

Opponents: _____

Goals: For ____ Against ____

Does your team play in a league during the year? Y____ N____

If no, is your team a tournament team? Y____ N____

If no, please write a brief explanation. _____

_____.

Information Submitted by: _____ Date: ____/____

Game Log

Date	Opponent Name	Opponent Classification	Score	Result (W/L/T)	Season game(S) or Tournament (T)?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

Hotel Contract

Team name: _____

Contact: _____

Phone: _____

Email: _____

Please list the four hotels in order of your preference. Preferences are given on the availability of the room block when your rooming list is sent to the tournament location.

1. _____ 2. _____

3. _____ 4. _____

Mandatory Room/ Night Policy

You will be required to use a minimum of 15 rooms on both the Friday and Saturday night of the tournament. ** A rooming list is required to book a team reservation. This cannot be issued over the phone so please do not contact the hotels directly. Teams will receive rooming lists with their registration forms. As a stipulation of participation in this tournament, all teams that decide to stay in hotels, including out-of-town teams, must reserve their rooms through us and stay in the hotels that we have approved. ** Please complete the rooming list forms and return them to Pinnacle Sports Development at least 4 weeks prior to the start of the tournament so we can reserve your team's rooms as soon as possible.

As a team contact, I _____, acknowledge and understand the above policy and hereby accept responsibility for any charges as a result of non-compliance to this policy. Furthermore, I authorize Pinnacle Sports Development to collect any such penalties by charging the following credit card.

CC# _____ Exp. Date _____

Team contact signature: _____

Rooming List Instructions

1. Complete the hotel contract and rooming list. A team contract and rooming list must be filled out entirely before a hotel can be assigned. Rooming lists will not be accepted without a team contract. No substitute forms will be accepted.
2. After completing the team contract and rooming list, fax them to Leafs Ice Centre at 847-844-8706. Your list will then be forwarded to the 1st available hotel based on your preference.
3. Regardless of the intended method of payment, rooms must be reserved with a valid credit card number. Please make sure your rooming lists contain this info before faxing.
4. After receiving a completed rooming list and team contract from your team and once the hotel has confirmed availability, Pinnacle Sports Development will notify the team contact by email of all hotel contact information.
5. Rooming list changes, as well as special requests regarding your teams room block should only be coordinated through your hotel contact person. All hotels do attempt to keep each team's block as close together as possible. Our hotels will make every effort to meet your needs, but please note that requests may not fit the layout of the hotel or be possible at the time requested.
6. Cancellations will be accepted by the hotel up until 96 hours prior to the listed date of arrival. Individuals not canceling with sufficient notice will be considered a "No Show" and will be charged for 1 room night plus tax.
7. At check-in (regardless of the method of payment) a representative from each room should leave a credit card imprint to cover any incidental charges. (i.e. phone calls, room service, movies, etc.)
8. Check-in times vary from hotel to hotel. Once you receive contact information from our office, you should contact your hotel if early check-in is required. However, during periods of high occupancy, rooms may not be available upon arrival. All rooms are guaranteed for late arrival if proper credit card information is provided.
9. Most rooms are equipped with either two standard beds or a king-size bed with a pull-out sofa. However, in an effort to accommodate as many teams as possible with their hotel of choice, your hotel may occasionally assign rooms equipped with a king bed to parties listing a parent and a player only.
10. Roll-a-ways/cots are available at most hotels. Additional charges may apply.

****As a condition of acceptance in to our tournament, all out of town teams must stay at an authorized hotel. No exceptions. Failure to comply will result in expulsion from the tournament. No refunds. ****

Hotel Rules

Our hotels have asked us to provide you with guidelines for your stay during the tournament. Please remember that you represent your hometown and organization and your behavior is a direct reflection on the community you represent.

1. No discounts, coupons or other hotel rates will apply to tournament guests.
2. Tournament Room Rates may not be available before and/or after the tournament dates. The hotel's current prevailing room rates would apply.
3. Individual room reservations may be cancelled without charge by notifying the hotel directly prior to 12:00 pm 4 days before check-in (96 hours notice). Cancellations after this time are subject to a one night charge, minimum.
4. All children under the age of 16 must be in a guest room after 10:30pm. After this time, children are not permitted in the hallways or common areas of the hotel.
5. No hockey sticks of any kind (ice hockey, shinny hockey, etc.) are permitted in the hotels.
6. "Hall hockey" and "Shinny Stick Hockey" will not be permitted in the hotel.
7. Children must be accompanied at all times in the hotels, including common areas and swimming pools.
8. In the event of any damage to hotel property, parents and/or the teams representative will be held responsible to compensate the hotel for any loss. (In the event of physical damage, the individual will be billed for the actual cost of the repairs and/or replacement of the damaged items and the related labor costs.)
9. No running in the hotel hallways or common areas.
10. Please use the telephone system responsibly. The hotels reserve the right to deactivate telephones if they are misused.
11. Hotels will provide only one warning when violations of the rules, including misuse of the elevators, excessive noise or unruly behavior are observed. Continued disruptive behavior will result in removal from the hotel premises. No refund of hotel or tournament registration fees will be made in this case.

Hotel Rooming Lists

Team name: _____

Team contact: _____

Phone: _____

Email: _____

Room One			
Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			
Room Two			
Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			
Room Three			
Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			
Room Four			
Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Five

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Six

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Seven

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Eight

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Nine

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Ten

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Eleven

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Twelve

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Thirteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Fourteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Fifteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Sixteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Seventeen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Eighteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Nineteen

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			

Room Twenty

Arrival Date:	Departure Date:	Smoking: (circle) Yes, No	Method of payment (circle): Visa, Mastercard, American Express, Discover
Last Names:	First Names:	Card number:	
1		Expiration Date:	
2		Number of Room Nights:	
3		Cardholder Name:	
4			