



## **4 ON 4 SUMMER LEAGUE**

We here at West Side Hockey are very excited to offer hockey players in West Michigan the opportunity to play a non-contact game at a high tempo pace, without the pressure to be at their best on every shift. This will be an exciting and fun environment for all of those involved.



Mike Feasby

15277 N Scenic Ct  
Spring Lake, Michigan 49456

(616)638-2557

coachfeasby@live.com  
westsidehockeycamp.com



**LOCATIONS:  
MICHIGAN  
OHIO  
ONTARIO, CANADA**

***Coming soon  
to an arena  
near you...***



**4 ON 4  
HOCKEY  
LEAGUE**

**2024  
Spring/Summer**

westsidehockeycamp.com

# SEASON DETAILS

We are very excited to offer this new opportunity to the hockey players in West Michigan. The league will be run out of Lakeshore Sports Center.

Start Date / End Date:

April 27th, June 8th

Games Played:

Saturday and Sunday mornings

See schedule at [westsidehockeycamp.com](http://westsidehockeycamp.com)

Cost: \$275

(Family discounts available.

Contact Mike Feasby)

Length of Games:

3 - 12 min. periods - stop time

Age Groups: Each age group will be limited to 48 skaters and 4 goalies.

	Date of Birth
Squirt	2014 - 2015
Peewee	2012 - 2013
Bantam	2010 - 2011
Midget	2006 - 2009

Coaches and sponsors are needed for the 2024 season. Sponsors name will be on the full team set of jerseys.

2024 Sponsorship fee: \$275.00

Sponsor with a child playing can deduct \$55 off their child's registration

Sponsor and player registration = \$495.00



## 4 ON 4 SUMMER LEAGUE

Develop your skating skills, conditioning and team play. 4 on 4 allows you more ice to use your imagination and play like a pro.

**Contact:**  
**Mike Feasby**  
**15277 N. Scenic Ct.**  
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## 2024 SUMMER HOCKEY REGISTRATION FORM

(\$275.00)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Position \_\_\_\_\_

Birth Date: \_\_\_\_\_

Club Team: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

(NOT ALL REQUESTS CAN BE ACCOMMODATED)

Mail Registration to:

Mike Feasby

West Side Hockey Camps

15277 N Scenic Ct.

Spring Lake, MI 49456

Make Checks Payable to:

Mike Feasby

West Side Hockey Camp, Lakeshore Sports Center, and other involved parties are not responsible for any injury to the above person during the course of this hockey school.

MEDICAL RELEASE: I acknowledge that the applicant is in good health and is able to participate in the physical activity of this hockey school. In the event my child is hurt, in the absence of a parent or guardian, I give my permission for the person in charge to seek medical attention.

LIABILITY WAIVER: I agree that the West Side Hockey Camp and Lakeshore Sports Center will not be held responsible for any accidents or loss, however caused, and agree to release the proprietor and/ or skating rink from all claims or damages which may arise as a result of such loss.

Parent(s) Signature \_\_\_\_\_