

2009 Summer 3-3 Cross Ice Hockey League

8 games + 2 Clinics



at Atlantic City League

Mail application to:
Flyers Skate Zone at Atlantic City
501 N. Albany Ave
Atlantic City, NJ 08401

Make Check Payable to: Flyers Skate Zone

FEE

The cost will be **\$125 6/14/09** and prior **\$150 6/15/09** and after

PROGRAM OBJECTIVE

To allow advanced in house players and travel players the opportunity to develop their skills and awareness throughout the summer in a fun and competitive environment

SCHEDULE:

Weeknight's July-August, 2009

CONTACT: Lance Rosenberg

EMAIL:Lrosenberg@comcast-spectacor.com

PHONE:609-441-1780 x226

3-3 Summer Ice Hockey League – 2009

REGISTRATION FORM

Players Name _____

2008-2009 Team _____

2009-2010 Travel Team _____

ADDRESS _____

CITY _____ ZIP CODE _____ E-MAIL _____

PHONE _____

Level - Mite/Squirt Pee Wee/Bantam Midget

Payment- Check/ Cash/ Credit Card

Credit Card # _____ Name on Card _____ EXP _____