



## 2009-2010 Fall/Winter Adult Ice Hockey League

The Virtua Center Flyers Skate Zone at Voorhees is pleased to offer our 2009-2010 Fall/Winter Adult League. This league will consist of a C+ league, for the intermediate player to advanced player.

### **General Information**

- 20 game season, 1 practice, plus playoffs (Starts late September, 2009)
- Games will be played Sunday through Thursday evenings.
- C+ Level

### **Rules and Regulations**

- **All players must be USA Hockey registered. The league will register teams.**
  - All players must register on USAHockey.com
  - No Player may step on the ice without Copy of Confirmation of Membership
  - Photo ID's will be required
- USA Hockey Rules will apply to game play
- Rosters due prior to first game with final roster due by Game 3
- 15 minute stop time periods
- Teams must have matching color uniforms.

### **Investment Information (Team Fee: \$5,495 Individual Fee: \$475)**

- \$1000 due with application by September 15, 2009 (needed to hold spot)
- \$3000 due October 15, 2009
- \$5495 due November 15, 2009
- *Teams will not be allowed to play until payments are made*
- *Payment Plans considered upon request*
- **PERSONAL CHECKS ARE NOT ACCEPTED, TEAMS MUST PAY BY CASH OR CREDIT**

### **Contact:**

Jeremy Hall

Phone: 856-309-4400 x2216

Fax: 856-309-4433

Email: [jhall@comcast-spectacor.com](mailto:jhall@comcast-spectacor.com)

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Jeremy Hall  
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**Return Application To:**  
Flyers Skate Zone  
Adult Ice Hockey League  
601 Laurel Oak Road  
Voorhees, NJ 08043

**Team Application (complete and return) Fall/Winter 09/10 Adult League**

Team Name: \_\_\_\_\_ Jersey color: \_\_\_\_\_

08-09 Winter Men's League: \_\_\_\_\_ Level: C+

Team Representative: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Individual Application**

Team Name \_\_\_\_\_ Level C+

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

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Payment Options**

Total Fee per Player = \$ 475

Please charge my:

\_\_\_ Visa® \_\_\_ MasterCard®

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

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature\*: \_\_\_\_\_

\*Signature indicates agreement and acceptance to payment terms and schedule forth in this brochure.