



Winter 2009-2010

Adult Ice Hockey League

The Sun National Bank Flyers Skate Zone at Atlantic City is pleased to offer our Winter Adult League to allow players of ages 18 years of age and older to play for pure enjoyment of the game.

General Information

- 12 game season, plus playoffs (Starts October, 2009)
- Games played on Sunday, Monday, and Wednesday. **Earlier Start Times**
- Three (3) fifteen (15) minute stopped time periods.
- Individual and Team Stats kept

Rules and Regulations

- **All players must be USA Hockey registered. The league will register teams.**
 - All players must register on www.USAHockey.com
 - **No player may step on the ice without copy of Confirmation of Membership. This must be turned in to the league commissioner.**
- USA Hockey Rules will apply to game play
- Rosters are due prior to your first game.
- 15 minute stop time periods
- Players will receive matching color jerseys with Jersey number.

Investment Information

- 1) The cost of the league for 12 games is \$2400. The player breakdown will be as followed. There is no minimum of players

Teams with

- a) 8 players- individual fee is \$300
 - b) 9 players- individual fee is \$267
 - c) 10 players- individual fee is \$240
 - d) 11 players- individual fee is \$219
 - e) 12 players- individual fee is \$200
 - f) 13 players- individual fee is \$185
 - g) 14 players- individual fee is \$172
 - h) 15 players- individual fee is \$160
- *Players will not be allowed to play until payments are made*
 - **PERSONAL CHECKS ARE NOT ACCEPTED. PLAYERS MUST PAY BY CASH OR CREDIT CARD.**

2009-2010 Winter Adult Ice Hockey League

Contact:

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Return Application To:

Flyers Skate Zone
Adult Ice Hockey League
501 North Albany Ave
Atlantic City, NJ 08401

Team Application (complete and return) Adult League

Team Name: _____ Jersey color: _____

08-09 Winter Men's League: _____

Team Representative: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Individual Application

Team Name _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Payment Options

Please charge my:
 Visa® MasterCard® Discover

Cardholder Name: _____

Card #: _____

Exp. Date: _____

Signature*: _____

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