



2010-2011 Fall/Winter Adult Ice Hockey League

The Virtua Center Flyers Skate Zone at Voorhees is pleased to offer our 2010-2011 Fall/Winter Adult League. This league will consist of a C+ Level, for the intermediate player to advanced player.

General Information

- 20 game season, 1 practice, plus playoffs (starts early October, 2010)
- Games will be Tuesday 9:40pm & 10:35pm, Wednesday 9:40pm & 10:10pm, and Sunday 8:40pm, 9:25pm, and 10:20pm.
- 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: \$5,500 Individual Fee: \$475)

- \$1000 due with application by September 22, 2010 (needed to hold spot)
- \$3000 due November 1, 2010
- \$5500 due December 1, 2010
- *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

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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 10/11 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.