



Winter 2010-2011

Adult Ice Hockey League

The 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 Sunday October 3, 2010)
- Games played on Sundays & Wednesdays.
- Three (3) fifteen (15) minute stopped time periods.
- No games will end in a tie! Tie scores after 3 regulation periods will result in a Three minute 4 on 4 overtime period, followed by a sudden death shoot out if the score is still tied after O.T.
- Team stats and standings will be 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 prior to league play.**
- USA Hockey Rules will apply to game play
- Rosters are due prior to your first game and will be locked after submission.
- 15 minute stop time periods
- Players will receive matching color jerseys with Jersey number.

Investment Information

The cost of the league for 12 games is **\$2400** per team. The player breakdown will be as follows. There is no minimum of players

- 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

- **All players must be paid in full prior to the season, NO ACCEPTIONS!!!!**
- **PERSONAL CHECKS ARE NOT ACCEPTED. PLAYERS MUST PAY BY CASH OR CREDIT CARD.**

2010-2011 Winter Adult Ice Hockey League

Contact:

Jared Siganuk
 Phone: 609-441-1780 x 225
 Email: Jsiganuk@comcast-spectacor.com

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: _____

09-10 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.