



Atlantic City

2019-20 Tryouts

2011 or Later- 8U	March 25, 26 & 27	5:30 PM
2009 & 2010- 10U	March 25, 26 & 27	6:40 PM
2007 & 2008- 12U	March 25, 26 & 27	7:50 PM
2005 & 2006- 14U	April 15, 16, & 17	5:30 PM
2003 & 2004- 16U	April 15, 16, & 17	6:40 PM
2001 & 2002- 18U	April 15, 16, & 17	7:50 PM

Tryouts held at Flyers Skate Zone

501 N. Albany Ave.
Atlantic City, NJ 08401

You can register online at: FlyersSkateZone.com/Atlantic-City-Sharks

Tryout Fee: \$150

\$125 if registered by March 20

TRYOUT FEE INCLUDES JERSEY

TRYOUT FEES ARE NON-REFUNDABLE

FOR MORE INFORMATION CONTACT:

JARED SIGANUK

Hockey Director

609-441-1780 ext. 226

Jared_Siganuk@comcastspectacor.com

AC.FlyersSkateZone.com



2019-20 Season Information

Flyers Skate Zone is proud to once again offer another example of our commitment to youth hockey - the AC Sharks Youth Hockey Club. This organization was created to utilize our many and varied resources to provide players of all levels and ability an opportunity to participate in a quality travel hockey organization.

The AC Sharks Youth Hockey Club is a member of the New Jersey Youth Hockey League and USA Hockey, and anticipates fielding teams at AA, A and/or B levels in each age group. Final level determinations will be made following the tryout process.

Player Evaluation & Selection

Player Evaluations will be held March 25th- 27th for 8U through 12U and April 15th-17th for 14U through 18U and are open to all youth hockey players. **REGISTRATION IS REQUIRED.** Players will be assigned to a team based on their performance during the evaluation process. There will be a separate tryout fee, and all players will receive a practice jersey with a number that is theirs to keep.

Players will be assigned to a team based on their ability level. Our staff will endeavor to place players at an ability level that will allow them to compete but be challenged to improve their game. We will strive to not place a player in a situation where he/she is overwhelmed.



Tryout Application

PLEASE CIRCLE ONE

8U 10U 12U 14U 16U 18U

DATE OF BIRTH: _____

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PLAYERS EMAIL: _____

2018-19 TEAM (INCLUDE LEVEL) : _____

2017-18 TEAM (INCLUDE LEVEL): _____

2016-17 TEAM (INCLUDE LEVEL): _____

PLEASE CIRCLE ONE

JERSEY SIZE: YOUTH S YOUTH M YOUTH L YOUTH XL ADULT S ADULT M ADULT L ADULT XL ADULT XXL

POSITION: FORWARD DEFENSEMAN GOALTENDER SHOOTS: LEFT RIGHT

HEIGHT _____ WEIGHT: _____

FATHER'S FIRST & LAST NAME: _____

FATHER'S EMAIL ADDRESS: _____

FATHER'S HOME PHONE: _____ CELL PHONE: _____

MOTHER'S FIRST & LAST NAME: _____

MOTHER'S EMAIL ADDRESS: _____

MOTHER'S HOME PHONE: _____ CELL PHONE: _____

Please Make Checks Payable to:
Flyers Skate Zone

Please Return Signed Application with your **non-refundable** tryout fee to
the front desk or mail to:

Questions? Contact Jared Siganuk
609-441-1780 ext 226

Flyers Skate Zone

Jared_Siganuk@comcastspectacor.com

AC Sharks Registration | 501. N Albany Ave. | Atlantic City, NJ 08110

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