



2016-17 Adult Roller Hockey League

18 and Over Adult Roller Hockey

Fall 2016

League Starts October 3

10 game season followed by playoffs and a best of three championship series

Three divisions: Gold, Silver, and Bronze

Games run Monday-Thursday nights

Rules and Regulations

Three 15-minute running time periods followed by a five minute OT and shootout if necessary

Rosters for each team must have a minimum of 8 players

Team can request preferred division, but may be placed or moved as necessary by the league

Two forfeits can result in an ejection from league without a refund

Any player who is not paid in full prior to the first game will NOT take the floor. **NO EXCEPTIONS!**

Cost Per Player: \$150

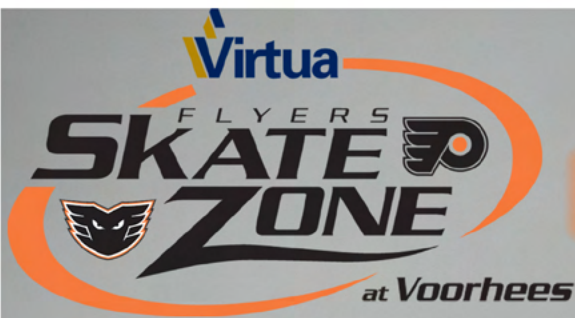
(includes referee, scorekeeper and rink time fees)

Rosters and Registration Deadline: September 25

**All players MUST be registered with the rink's insurance policy
(\$20 fee due once per calendar year)**

NO REFUNDS Cash or Credit Only (No Personal Checks)





2016-17 Adult Roller Hockey League Application

PLEASE CIRCLE ONE

LEVEL: GOLD SILVER BRONZE

PLAYER REGISTRATION:

NAME: _____

TEAM NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

SIGNATURE* _____

*SIGNATURE INDICATES AGREEMENT AND ACCEPTANCE TO PAYMENT TERMS AND SCHEDULE FORTH IN THIS BROCHURE

NO REFUNDS. Registration accepted on a first received basis.

Individual Application must be filled out by all participants

Please Return Signed Application to:

Virtua Center Flyers Skate Zone | 601 Laurel Oak Road | Voorhees, NJ 08043

FOR MORE INFORMATION CONTACT:

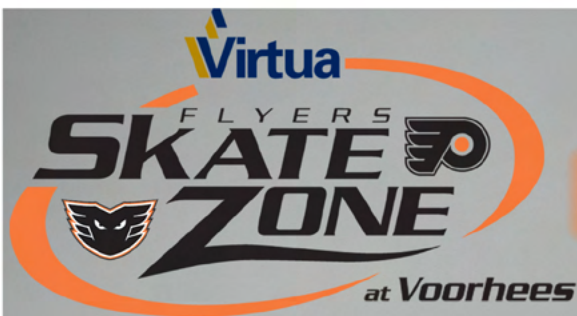
ERIC SEMBORSKI

Hockey Programs Coordinator

856-309-4400 ext 242

Eric_Semborski@comcastspectacor.com

FlyersSkateZone.com



2016-17 Adult Roller Hockey League Application

PLEASE CIRCLE ONE

LEVEL: GOLD SILVER BRONZE

TEAM REGISTRATION:

TEAM NAME: _____

TEAM COLOR: _____

TEAM CAPTAIN

CAPTAIN NAME: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

TEAM ROSTER

1. _____ # _____ 7. _____ # _____

2. _____ # _____ 8. _____ # _____

3. _____ # _____ 9. _____ # _____

4. _____ # _____ 10. _____ # _____

5. _____ # _____ 11. _____ # _____

6. _____ # _____ 12. _____ # _____

CAPTAIN SIGNATURE* _____ *AGREES TO ALL TERMS SET FORTH IN THIS BROCHURE

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