



# 2016-17 Adult Roller Hockey League

**18 and Over Adult Roller Hockey**

**Winter 2017  
League Starts January 30**

**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**

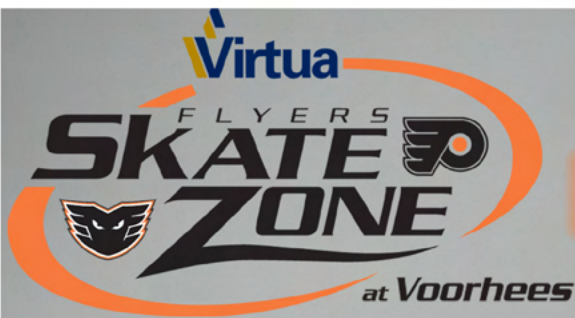
**(includes referee, scorekeeper and rink time fees)**

**Rosters and Registration Deadline: January 23**

**All players MUST be registered with the rink's supplemental 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**

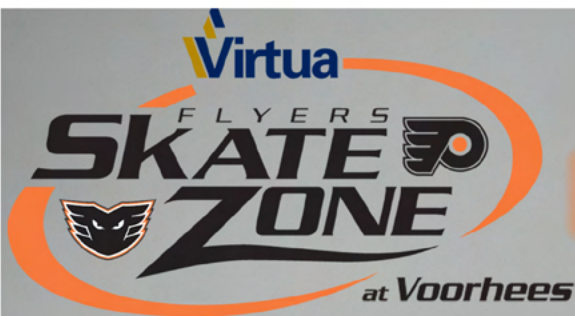
**Hockey Programs Coordinator**

**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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