

# LEARN TO PLAY HOCKEY



**SATURDAYS 9:50 AM**

**Session 4: March 11-April 29\***

**Session 5: May 13-June 23\*\***

\*No Class April 15 & 22      \*\*May 26 is a Friday class at 6:00 PM  
June 2, June 16, June 23 are Fridays at 5:40 PM

Flyers Skate Zone has developed a progressive hockey skills development program that is designed to provide skills instruction for children ages seven through thirteen. This program has been designed as an introduction to hockey focusing on basic skills, with an emphasis on having FUN!

Weekly clinics teach the fundamental skills of skating, puck handling, passing, shooting, and game situations providing the participant with the opportunity to develop confidence and a positive self-image while experiencing achievement throughout the program.

The Learn to Play Hockey Program has been designed to prepare participants to move into a recreational hockey league, such as Flyers Skate Zone Limited Travel Hockey League.

*Children who have never had skating instruction are required to start with the Learn-to-Skate Program prior to registering for this class.*

Rental Skates are available at no additional cost.  
Jersey included! (For first time participants only)

**6 WEEK  
SESSION: \$130**

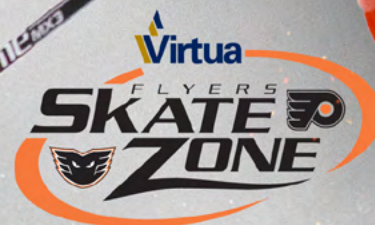
#### REQUIRED EQUIPMENT

Certified Ice Hockey Helmet & Full Facemask  
Cup and Supporter | Shin & Elbow Pads  
Ice Hockey Gloves | Ice Hockey Stick  
Skates | Smile!

Shoulder Pads and Mouth Guard are recommended

Need hockey equipment? Schedule an appointment with our Gear Zone Staff to receive the best customer service!

Gear Zone Store Manager: Brian Lusardi  
856-309-4400 ext. 8 | [Brian\\_Lusardi@comcastspectacor.com](mailto:Brian_Lusardi@comcastspectacor.com)



**FOR MORE INFORMATION CONTACT:**

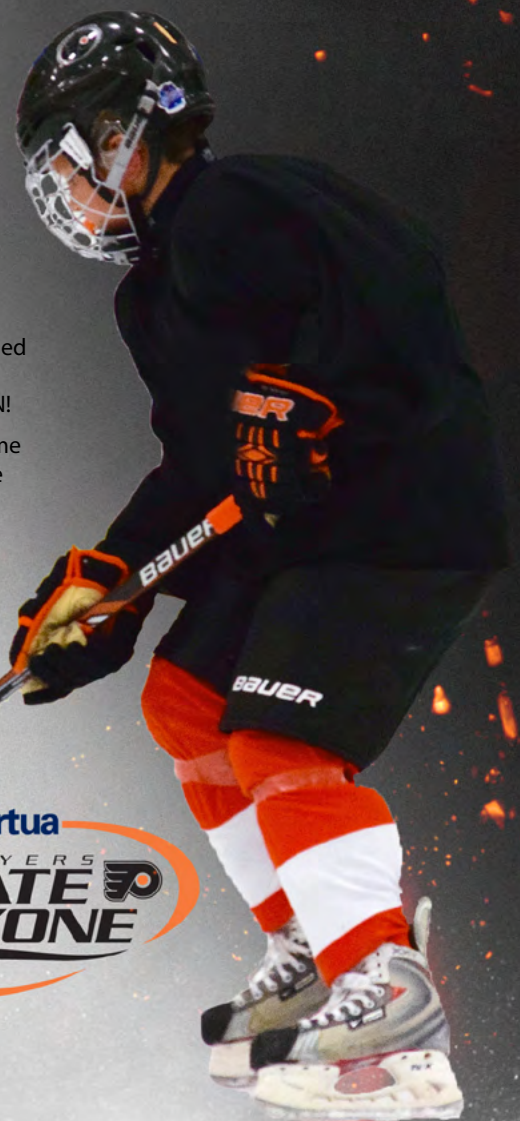
**BRYAN CAMPBELL**

Hockey Director

856-309-4400 ext. 250

[Bryan\\_Campbell@comcastspectacor.com](mailto:Bryan_Campbell@comcastspectacor.com)

[FlyersSkateZone.com](http://FlyersSkateZone.com)





# Learn to Play Hockey Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREVIOUS SKATING EXPERIENCE (YEARS): \_\_\_\_\_

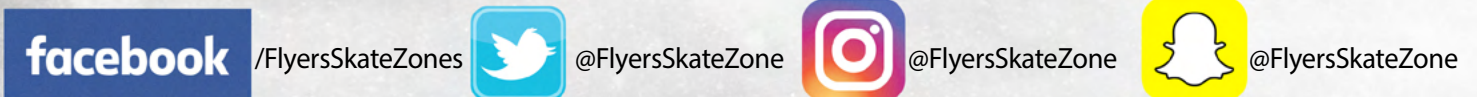
SESSIONS (CIRCLE ONE):                      SESSION 4                      SESSION 5

**NO REFUNDS**  
REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. CLASS SIZES ARE LIMITED.

Please Make Checks Payable to:  
Flyers Skate Zone

Please Return Signed Application to:  
Virtua Center Flyers Skate Zone | 601 Laurel Oak Road | Voorhees, NJ 08043

Follow Us on Social Media:



[FlyersSkateZone.com](http://FlyersSkateZone.com)