



*Atlantic City*

# 2018-19 Tryouts

2010 or Later- 8U	March 26, 27 & 28	5:30 PM
2008 & 2009- 10U	March 26, 27 & 28	6:40 PM
2006 & 2007- 12U	March 26, 27 & 28	7:50 PM
2004 & 2005- 14U	April 16, 17, & 18	5:30 PM
2002 & 2003- 16U	April 16, 17, & 18	6:40 PM
2000 & 2001- 18U	April 16, 17, & 18	7:50 PM

## Tryouts held at Flyers Skate Zone

501 N. Albany Ave.  
Atlantic City, NJ 08401

**Tryout Fee: \$125**

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



## 2018-19 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 26th– 28th for 8U through 12U and April 16th–18th 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: \_\_\_\_\_

2017-18 TEAM (INCLUDE LEVEL) : \_\_\_\_\_

2016-17 TEAM (INCLUDE LEVEL): \_\_\_\_\_

2015-16 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 **\$125 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

**AC.FlyersSkateZone.com**