

Wintersport Ice Arena

Hockey is a great game that can provide kids with life skills and confidence. Wintersport provides a safe and friendly environment for players of all ages to develop skills in a structured setting. We will maintain a positive atmosphere to bring out the potential of each player. We are not asking for your player to be the best player out there, but the best that he or she can be. Our professional staff works with each and every child to ensure that he or she have a great time while developing their basic hockey skills. For more info contact Vince Prozzillo at vince@bucksice.com

HOT SHOTZ ICE HOCKEY

HOT SHOTZ, ALL YEAR, ALL AGES

FALL HOT SHOTZ, Sept.-Dec.

WINTER HOT SHOTZ, JAN.-MAR.

SPRING HOT SHOTZ, APRIL-JUNE

SUMMER HOT SHOTZ, JULY

HOT SHOTZ SUMMER CAMP

"LIKE" us on Facebook @ www.facebook.com/bcicesports

**551 York Rd
Willow Grove, PA 19090**



**HOT SHOTZ
TINY TOTS
ICE HOCKEY**



**Ages 4-6
MORNING CLASS**

**WINTERSPORT
551 York Road
Willow Grove, PA 19090**

**215-659-4253
www.wintersportice.com**



**HOT SHOTZ
TINY TOTZ
ICE HOCKEY**

Tiny Totz Hot Shotz Ice Hockey program is designed for children ages 4-6. The program will run 8 weeks. Players will be taught basic skating and stickhandling skills as well as game safety and sportsmanship. No prior experience necessary. This program will be 30 minutes of fun drills and will be followed by a scrimmage game. Each week we will focus on different skills to keep the players interested.

Location:
Wintersport Ice Arena
551 York Road
Willow Grove, PA 19090
Phone: 215-659-4253
hockeydirector@bucksice.com

Cost
8-Week Program \$165
Register a week prior- \$155
Or
\$25 / Session Drop-in

Dates and Times

Wednesdays
10:20-11:10
Winter Session 1
January 4 – February 22
Winter Session 2
March 1 – April 26

Instructor:
Coach Vince Prozzillo
Vince has developed and supervised programs from basic to advanced players. All players involved in these programs benefited from Vince's experience and knowledge of the game. Vince is an Advanced Level 4 USA Hockey Coach.

Sign-up Form

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____ DOB: _____

Session #1 _____ Session #2 _____

Method of Payment:

Cash Check Credit Card

Make Checks payable to: Bucks Ice

Credit Card/Check Number: _____ CC Exp Date: _____

Signature: _____

The skater and parent/guardian assume all risks and hazards incidental to this program and activities sponsored. Therefore and hereby release Bucks County Ice LLC, its officers, directors, employees, and instructors from any liability on account of injury to a skater however incurred. The parent/guardian hereby gives permission /consent to emergency medical treatment for injuries/illness. A copy of this consent will be as valid as the original.

Signature: _____ Date: _____