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, ALL YEAR, ALL AGES

FALL HOT SHOTZ, Sept.-Dec.

WINTER HOT SHOTZ, JAN.-MAR.

SPRING HOT SHOTZ, APRIL-JUNE

SUMMER HOT SHOTZ, JULY

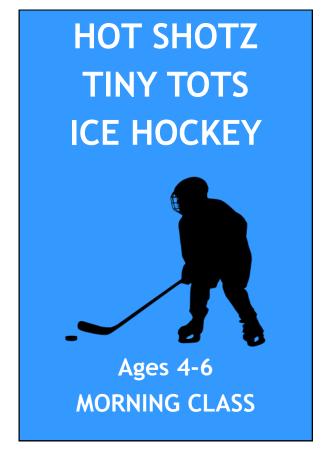
HOT SHOTZ SUMMER CAMP

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

Ice Sports Arena

551 York Rd
Willow Grove, PA 19090





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 benefitted from Vince's experience and knowledge of the game. Vince is an Advanced Level 4 USA Hockey Coach.

Sign-up Form

Name:				
Address:				
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•				
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: