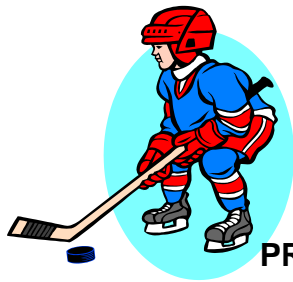


ICE HOUSE AVALANCHE DEVELOPMENTAL HOCKEY CLINICS FALL 2010



PROFESSIONAL INSTRUCTION FOR BOYS & GIRLS OF ALL AGES & ABILITIES

HOCKEY LEARN TO SKATE – 10 week program All Ages \$130

Introduction to skating on hockey skates, for boys and girls with no previous skating experience. A hockey helmet with cage is required to participate. Elbow and knee pads are suggested. Rental skates are included for this clinic.

A	Tuesdays	9/14/10 – 11/16/10	5:15 – 5:45pm
B	Thursdays	9/16/10 – 11/18/10	5:00 – 5:30pm

HOCKEY LEARN TO PLAY – 10 week program All Ages \$270

All clinics will be broken down into 3 skill level groups, beginner, intermediate and advanced. Players will have the opportunity to advance to a higher skill level group based on the coach's evaluation of their improvement. Sessions will consist of 45 minutes of skill development followed by a 15 minute cross-ice game. Full hockey equipment is required. Rental skates are available. (includes jersey)

C	Mondays	9/13/10 – 11/15/10	4:45 – 5:45pm
D	Wednesdays	9/15/10 – 11/17/10	4:15 – 5:15pm
E	Sundays	9/19/10 – 11/21/10	1:45 – 2:45pm

MISSED CLINICS CANNOT BE MADE UP ON ALTERNATE DAYS

FALL 2010 HOCKEY CLINIC APPLICATION

NAME	DOB	AGE
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE #	CELL PHONE #	
E-MAIL ADDRESS		

CLINICS: (CIRCLE)

LEARN TO SKATE

LEARN TO PLAY

A B

C D E

FORM OF PAYMENT

NO REFUNDS OR CREDITS

AMOUNT \$ _____

CHECK # _____ (make checks payable to Ice House Hockey)

CREDIT CARD # _____ EXP. DATE _____



NAME AS IT APPEARS ON CARD _____

WAIVER: It is agreed that Ice House shall in no way be responsible or liable for any injury of any kind arising out of, or in the course of any operation of Ice House. It is the intention of Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his or her enrolled son / daughter, or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of Ice House. I grant Ice House the right to use all photographs or videos taken of me or my child during any Ice House programs for advertising and promotional purposes.

Parent/Guardian Signature _____ Date _____