



# Adult Hockey Clinic

## Who is this for?

If you're a player in a 'C' or 'D' League and would like to improve your game or played hockey as a kid and would like to start up again. Even if you never played the game at all, but would like to, you should consider this program.

We start February 9th and will be running it year round. It is an hour and fifteen minute time slot that will begin at 10:30pm Saturday nights.

If you wish to join an Adult League team after the sessions, we can help place you with a team in need of skaters.

## Highlights

Instructors are members of The Aspen Ice Hockey Training Staff. Staff members will be quick to help you out at any point during the training sessions. They will be focusing on the fundamentals of hockey and your progress as a player.

- \* Power Skating
- \* Backward Skating
- \* Stick Handling
- \* Positional Play
- \* Scoring Touch
- \* Puck Control & Protection
- \* Agility

Clinic Fee is \$30 per session  
or buy a 10 pack for only  
\$225  
(only \$22.50 per session)

Saturdays

10:30pm to 11:45pm

If you need more information call  
or contact  
Brian Hennelly at 908.237.1423  
or  
BrianH@aspen-ice.com

## 2008 Adult Hockey Clinic

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## Method Of Payment

- Cash (do not mail)
- Check (payable to Aspen Ice)
- Credit Card # (complete form below)

Name On Card: \_\_\_\_\_

Exp. Date \_\_\_\_\_

Because we reserve and hold a place in this clinic for each participant, there are NO REFUNDS or makeup's for this program.

Having full knowledge and understanding of the nature of the activity and the hazards involved, I hereby certify that I have personal Medical Insurance coverage for any "bodily injury" that may occur and assume full responsibility for all losses and injuries sustained while involved in this activity as it relates to this facility. I also hold harmless Aspen Ice, its insures, the management staff, employees, officers, Board Of Directors, and any of its associates from any claim related thereto.

Signature \_\_\_\_\_

Date \_\_\_\_\_

