



2010 Clinic Series

March 15 - April 14, 2010

- **All the Clinics are for 4 Weeks**

- **Monday (Starts 3/15 – 4/12) 6:15 PM – 7:15 PM**
Defensemen Training/Checking Clinic

Positioning and Specific Skill Development. **(No Clinic 4/5)**

- **Wednesday (Starts 3/17 – 4/14) 6:00 PM – 7:00 PM**
Goaltending Training and Shooting Clinic

Focus on scoring and stopping the puck. There will be individual coaching for both positions. **(No Clinic 4/7)**

- **Wednesday (Starts 3/17 – 4/14) 7:15 PM – 8:15 PM**
Power Skating and Puck Control Clinic

Skating with or without the puck, with a focus on balance, agility, and edge control. **(No Clinic 4/7)**

PRICING:

Walk Ins/Any Individual Session	\$20
1 Clinic per week (4 sessions)	\$65 (Savings of \$15)
2 Clinics per week (8 sessions)	\$120 (Savings of \$40)
3 Clinics per week (12 sessions)	\$180 (Savings of \$60)

BONUS: 50% off Garden State Games tryouts, practice, and tournament with any clinic 4 week package!



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This program is an ICE VAULT program and is not affiliated with any existing travel organization

Player's Name: (First) _____ (Last) _____

D.O.B. ____/____/____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail _____

Parent's Name: _____

Work Phone: _____ Cell Phone: _____

Position (circle one) GOALIE DEFENSE FORWARD

Level: (circle one) MITE SQUIRT PEEWEE BANTAM MIDGET

Circle One Package:

1 CLINIC (4 sessions) (\$65) 2 CLINICS (8 sessions) (\$120) 3 CLINICS (12 sessions) (\$180)

Circle Clinic Selection(s)

(If 1 Clinic, circle 1, if 2 circle 2 Clinics, if 3 circle 3 Clinics)

Defensemen Training/Checking (Mon.)

Power Skating and Puck Control (Wed.)

Goaltending Training/Shooting (Wed.)

Are you currently a member of USA Hockey? **YES** _____ **NO** _____

If **yes**, Please submit a copy of your card or proof of USA Hockey Registration.

If **no**, Please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault. Please note registration for players born 2003 & younger is free.

PAYMENT POLICY & INFORMATION

Total Amount: _____

Amount Paid: Check # _____ MC/Visa _____ AMEX _____ Discover _____

Card Number: _____ Exp: ____/____/____

Name on Card: _____ Signature: _____

WAIVER RELEASE

It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of an operation of the Ice Vault. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever in law or in equity of his/her 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 the Ice Vault. I grant the Ice Vault the right to use all photographs and videos taken of me during any Ice Vault programs for advertising purposes.

Signature _____ **Date** ____/____/____