



**USA Hockey Adult Skills Clinic
July 12th – August 30th 2010
Monday Nights 7-8PM
World Arena Ice Hall
Colorado Springs, CO**

USA Hockey invites you to participate in our adult hockey skills clinic because you are never too old to improve your hockey skills! The purpose of these clinics is to provide adults twenty-one years of age and older a fun, relaxed atmosphere to further develop the basic skills of hockey such as skating, shooting and passing. The skills camp will include informal practices and drills followed by recreational games. Beginners to novice level players are welcome and our clinics are first come first served.

Clinic Details:

- Entry fee is **\$150.00** per player.
- Eight hours of on ice instruction.
- Open to men and women twenty-one years and older.
- Beginner to Novice level players.
- Maximum of 36 participants
- Basic hockey skills will be the main focus (skating, shooting, passing)
- Hockey strategies and systems will be introduced through on ice drills, controlled scrimmage situations, and off ice “chalk talks”.

What you will receive:

- A USA Hockey prize and baseball hat.
- On Ice Instruction from high level USA Hockey instructors
- A mid session party. Time and Place TBD.
- Take home materials to help you continue your skill development.

***Please fill out the attached Intent to Participate form and fax/mail back to the USA Hockey Adult Department, 1775 Bob Johnson Dr., Colorado Springs, CO 80906. Fax: 719-538-1160.**

***For further details please contact our Adult Hockey Department at 800-566-3288 or visit our website at www.usahockey.com/adult.**

***All players that are not current members of USA Hockey for the 2009-'10 or 2010-'11 season must become members by the start of the clinic. The membership fee is \$30 per player (additional local affiliate fee may apply) and can be done online at usahockey.com or on-site at the registration table before the first practice.**



INTENT TO PARTICIPATE

USA Hockey Adult Skills Clinic

July 12 – August 30

World Arena Ice Hall – Colorado Springs, CO

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Phone: H _____ **W** _____ **C** _____

E-Mail: _____

Years Played: _____

Male: _____ **Female:** _____ **Date of Birth:** _____

How did you hear about the Clinic? _____

Are you a USA Hockey registered coach? _____

Payment Information:

Payment Method: Check _____ Money Order _____ Visa _____ MasterCard _____

***Please make checks payable to USA Hockey. (\$150)**

Card Number: _____

Exp. Date: _____ **Signature:** _____

***Please Fax or mail this form with full payment to USA Hockey, 1775 Bob Johnson Dr., Colorado Springs, CO 80906. Fax #719-538-1160.**

***Payment is non-refundable if entry is cancelled within the two week registration deadline which is June 28, 2010.**

***Final schedule of events will be e-mailed to all participants no later than two weeks prior to the start date of the clinic.**

***Entry deadline is Monday June 28, 2010.**