



SPRING TRAINING PROGRAM

Professional coaching of individual skills & team concepts for hockey players of all skill levels



Begins April 11th

No Classes May 9 (Mother's Day) or May 30th (Memorial Day Weekend)
Full hockey equipment required • Jersey provided

★ NOVICE ages 4-8 ★

Sunday, 9:30 - 10:30 am or Thursday, 4:30 - 5:30 pm

- (1) 1-hour session per week
- Sunday: 7 sessions
- Thursday: 7 sessions
- Skating Fundamentals
- Emphasis on balance and edgework
- Introduction to puck skills
- Skill Games

★ MINI MITE ages 5-6 ★

Thursday, 5:30 - 6:30 pm & Sunday, 10:30 - 11:30 am

- (2) 1-hour session per week
- 16 hours of ice time
- \$325
- Skating instruction on forward and backward stride, stopping, starting and turning
- Skill instruction in puck control, passing and shooting
- (8) Skill building practice sessions
- (8) SHINNY GAME SUNDAYS

* Credit certificates will be issued for all cancellations

*\$40 fee assessed for all NSF checks

* All ice times include 10 minutes for ice resurfacing



Reebok



Call 248-478-1600 or visit www.suburbanhockey.com!

REGISTRATION FORM ★ 2010 Spring Training Program ★ SUBURBAN ICE-MACOMB

Player's Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Day Phone (_____) _____ Whom _____

Email Address _____

Current Team _____ Position _____

Check or Money Order enclosed Visa MasterCard Discover American Express

Expiration Date _____ CVV2 No. (Last 3 digits on the back of the card) _____

Card No. _____

Name of Cardholder _____

Signature of Cardholder _____

PLEASE INDICATE AGE GROUP:

Novice

Sunday \$155

Thursday..... \$155

Mini Mite..... \$325

**MINIMUM 50%
DUE WITH
REGISTRATION.**

**BALANCE DUE
PRIOR TO FIRST
SKATE.**

AMOUNT ENCLOSED
\$ _____

**REGISTER BY PHONE! CALL
248-478-1600**

Send completed application to: **Suburban Hockey**,
23995 Freeway Park Drive, Suite 200,
Farmington Hills, MI 48335 or to **FAX (248) 478-1601**

Make checks payable to Suburban Hockey

Is the credit card billing address the same as listed above? _____ Yes _____ No If no, please indicate billing address on reverse side.