



# SPRING CLINICS



## Thursday, April 8

**Stickhandling & Puck Control**

10:30 am-12:00 pm

*Ages 6-14*

Technique training in the art of stickhandling including quick hands and feet, moves, deking, faking, puck protection, creating space and ice awareness.

**Quick & Fast**

12:00-1:30 pm

*Ages 6-14*

Power Skating Training in quick starts, rapid acceleration, quick directional changes, foot quickness, lateral movement, powerful stride and full-speed puck control.

## Friday, April 9

**Shoot to Score**

10:30 am-12:00 pm

*Ages 6-14*

Technique training to improve scoring ability through better body control resulting in a quick release, improved accuracy and more velocity in wrist shots, snap shots, slap shots and backhands in all situations.

**Outside Edges**

12:00-1:30 pm

*Ages 6-14*

Power Skating Training in outside edge control, tight turns and quick directional changes, forward crossover and backward crossunder acceleration.

Sponsored by:



**Reebok**



"The Toy Store for the Hockey Player"

- 32 player limit per class, players grouped by skill and experience level in each class, and the lesson plan is adapted to ensure that every player is challenged to improve
- Full hockey equipment required
- \$35 per class | **Discounts ▼**  
Multiple Class - \$30 for each subsequent class | Family - \$30 per class for each subsequent family member
- No Refunds: Credit certificates will be issued for all cancellations

**Call (248) 478-1600 or visit [www.suburbanhockey.com](http://www.suburbanhockey.com)**

### REGISTRATION FORM • 2010 SPRING CLINICS • SIM

PLAYER'S NAME \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Years of Hockey Experience \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Names \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Check or Money Order enclosed  Visa  MasterCard  Discover  American Express

CVV2 No. (last three digits on back of card) \_\_\_\_\_ Charge Card Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

*Signature of Cardholder*

*If credit card billing address is different from the one listed above, please indicate billing address on reverse side.*

#### April 8

- Stickhandling & Puck Control (ages 6-14) 10:30am-12pm
- Quick & Fast (ages 6-14) ..... 12:00-1:30pm

#### April 9

- Shoot to Score (ages 6-14) ..... 10:30am-12:00pm
- Outside Edges (ages 6-14) ..... 12:00-1:30pm

*(Clinics are \$35 for one, \$30 for each subsequent class)*

AMOUNT ENCLOSED .....\$ \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

**Suburban Hockey**

23995 Freeway Park Dr. • Farmington Hills, MI 48335

FAX (248) 478-1601