



**Wednesday @ 6:00pm – 6:50pm**

**Eight (8) Sessions**

**Dates**

**June 16, 23, 30 July 14, 28 August 4, 11, 18**

**Birth Years: 2000 - 04**

**(Must have a minimum of 2 years of youth hockey playing experience)**

**Clinic Curriculum:**

Players will learn all phases of Hockey Skills:

- Forwards & Backwards Skating
- All Aspects of Puck handling
- Passing & Shooting

SECYH members (\$150)

**Enrollment for 8 sessions is \$175  
(Drop in Fee \$25 per session)**

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|--|--|---|
| Participant Name: _____  |  | Date of Birth: ____/____/____   |
| Address: _____   |  | Home # _____  |
| Town: _____  | State/Zip: _____   | Work/Cell # _____   |
| Email: _____   |  | Parents Name: _____   |
| <ul style="list-style-type: none"> <li>• <b>No Refunds. All prices/programs and rules are subject to availability and change without notice. Times/days/dates are a good faith approximation and subject to change.</b></li> </ul> | <p>Norwich Municipal Ice Rink<br/>641 New London Tpke. Norwich, Ct 06360<br/>(860) 892-2555<br/>www.norwichrink.com</p> <p>[ Ages: Mites - Squirts ]</p> | <p>Payment Method:</p> <p>Cash: _____ Check: _____</p> <p>Credit Card: _____</p> <p>Employee Int: _____</p> |