



Train with former  
pro & college player

**Ken Scuderi**

*to improve your*

◇ *Stick Skills*

◇ *Body Positioning*

◇ *Skating Edges*

## **METRO Skills Clinic**

*This clinic is a 3 week  
program held on the  
Puddle Rink*

*April 24, May 1 & May 8*

*PEE WEES: 2:00-2:50*

*SQUIRTS: 3:00-3:50*

*MITES: 4:00-4:50*

*Cost for all three  
sessions: \$50*

*Register today at the  
XIC Front Desk*

*Limited to 8 players  
per age group*



Hockey Department  
4705 Indian Trail-Fairview Rd  
Indian Trail, NC 28079



# Charlotte Metro Hockey Association



## Pee Wee

(1998-1997 Birth Years)

2009-2010 Season

4705 Indian Trail-Fairview Rd  
Indian Trail, NC 28079  
**(704) 882-1830**  
[www.CMHA.us](http://www.CMHA.us)

## Pee Wee Metro League

The goals of the Metro League are to improve the skills of every player in every level of the program and for all participants to have fun.

Metro schedule:

### Practices:

Mondays: April 12th, 19th, 26th  
6:00-7:00PM or 7:10-8:10PM

### Games:

Saturdays: April 17th, 24th, May 1st,  
7:50-8:50 AM or 9:00-10:00 AM

Mondays: May 3rd, 10th, 17th, 24th  
6:00-7:00PM or 7:10-8:10 PM

Teams will rotate times

## New Spring Session Players

Players who did not participate in the 2009 Winter season will have an evaluation skate on **Monday, March 29th from 7:10-8:10PM**. These players will be assigned to a Pee Wee Metro team.

The regular season starts with a team practice on Monday, April 12th

## Hockey Night in Charlotte

Each Metro League team will participate in a Hockey Night in Charlotte webcast game during the season.

### Catch the Action!

**Watch the game LIVE at the Extreme Ice Center or from your home computer!**

**Go to [www.cmha.us](http://www.cmha.us) and click "WEBCAST" button**



### Questions?

**Joe Cardarelli**

CMHA Hockey Operations

Joe@xicenter.com

704-882-1830

## Pee Wee Metro League 09-10

Payment made in full prior to the first session.  
There will be no refunds or discounts.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Player \_\_\_\_\_ Goalie \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Spring Session (Apr-May):** \$250 \_\_\_\_\_

\*Goalie registration is half price

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_

Visa/MC # \_\_\_\_\_

Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Payment Plans are available.

**Players MUST be registered with USA Hockey**  
Registration valid: May 1, 2009-August 31, 2010  
[www.usahockeyregistration.com](http://www.usahockeyregistration.com)

Please attach USA Hockey confirmation page to this form at time of enrollment.