



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



## Squirts

(1999-2000 Birth Years)

2009-2010 Season

4705 Indian Trail-Fairview Rd  
Indian Trail, NC 28079  
**(704) 882-1830**  
**www.CMHA.us**

## Squirt 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:

Tuesdays: April 13th, 20th, 27th  
6:00-7:00PM or 7:10-8:10PM

### Games:

Fridays: April 16th, 23rd, 30th,  
6:00-7:00PM or 7:10-8:10 PM

Tuesdays: May 4th, 11th, 18th, 25th  
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 **Tuesday, March 30th from 7:10-8:10PM.**

These players will be assigned to a Squirt Metro team.

The regular season starts with a team practice on Tues, April 13th.

## 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

## Squirt 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.