

Puck Protector and Sharp Shooter Registration Summer 2010

Athlete's Name(s): _____ Age: _____

Name of Partner (if applicable): _____ Age: _____

Level of Hockey for Upcoming Season: _____

Has the Athlete had formal puck handling training before: Yes _____ No _____

*If yes, how many years/sessions (explain): _____

Parent/Guardian Names: _____

Phone Number: _____ E-mail: _____

Street Address: _____ Zip: _____

Clinic Information (Check all that apply)

Puck Protector Sharp Shooter Split- Puck Protector and Sharp Shooter

Individual Sessions
Four, 60 min. sessions- \$100

Paired Sessions
Four, 60 min. sessions- \$75 per player

Days: (circle)

Month(s): (circle all that apply)

Time: (circle top three)

Monday
&
Wednesday

June

1st session (7th-17th)

2nd session (21st- July 1st)

8:00- 9:00am
9:15-10:15am
10:30-11:30am
11:45-12:45pm
1:00-2:00pm
2:15-3:15pm
3:30-4:30pm
4:45-5:45pm
6:00-7:00pm

or

Tuesday
&
Thursday

August
3rd session (9th-19th)

**Enclose check or money order payable to Tom Bushaw. No days or sessions will be reserved until payment is received. Check will be held until start of clinics.

Return to:
Tom Bushaw
132 Boise Ave
Bismarck ND, 58504