

RICCI HOCKEY 2010 STICKHANDLING CLINICS

JUNE 7 - 11 AND AUGUST 2 - 6

SESSION 1 JUNE 7 - 11 FROM 5:00PM - 8:00PM

SQUIRT - MIDGET \$330/skaters \$170/goalies

SESSION 2 AUGUST 2 - 6 FROM 4:00PM - 6:00PM

MITE (U8 C/D) - PEEWEE \$275/skaters \$140/goalies

SESSION 3 AUGUST 2 - 6 FROM 6:15PM - 9:15PM

PEEWEE - MIDGET \$330 skaters \$170/goalies

**FAMILY SPORTS CENTER
6901 S. PEORIA ST. CENTENNIAL, CO
HEAD INSTRUCTOR: ANGELO RICCI
AND STICK WITH THE EDGE STAFF**

**Learn the moves the pros use! Canadian, American, European,
and Russian stick techniques and moves!**

Players Name: _____ Position: _____
Date of Birth: _____ 2009/2010 Team and Level: _____
Address: _____
City: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Email Address: _____

****Confirmations will be sent by email only****

**Full payment or \$150 non-refundable deposit due at registration. Balance due 30 days prior to clinic date.
36 Skaters and 4 goalies max per session**

Choose **Session 1** _____ **Session 2** _____ **Session 3** _____

Choose method of payment: Visa _____ MasterCard _____ Check _____ Amount _____

Cash _____ Check # _____ CC # _____ EX _____

Cardholder's name _____

Please make all checks payable to: Ricci Hockey

Mail Registration to: 2261 Savage Rd. Elizabeth, CO 80107

Fax Registration to: (303) 766-1902

Register online at: www.riccihockey.com

Indemnification and Waiver of Liability: By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Stick with the Edge, Angelo Ricci, staff, South Suburban Ice Arena and Family Sports Center do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian _____

Date _____



FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:

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