

2010 CONDITIONING CLINIC SCHEDULE

BE SURE
TO INDICATE
DATES ATTENDING

2002 03-04 Mite	<input type="checkbox"/> 03/22 5:30 - 6:30PM • R1	<input type="checkbox"/> 03/24 5:45 - 6:45PM • R1	<input type="checkbox"/> 03/31 5:45 - 6:45PM • R1	<input type="checkbox"/> 04/07 5:45 - 6:45PM • R1
2001 Squirt	<input type="checkbox"/> 03/16 6:45 - 7:45PM • R2	<input type="checkbox"/> 03/22 6:00 - 7:00PM • R3	<input type="checkbox"/> 03/24 7:00 - 8:00PM • R1	<input type="checkbox"/> 04/07 5:45 - 6:45PM • R3
2000 Squirt	<input type="checkbox"/> 03/16 6:45 - 7:45PM • R2	<input type="checkbox"/> 03/22 6:45 - 7:45PM • R1	<input type="checkbox"/> 03/29 5:30 - 6:30PM • R1	<input type="checkbox"/> 04/07 6:45 - 7:45PM • R3
1999 Pee Wee	<input type="checkbox"/> 03/15 8:00 - 9:00PM • R3	<input type="checkbox"/> 03/22 7:15 - 8:15PM • R3	<input type="checkbox"/> 03/29 6:45 - 7:45PM • R1	<input type="checkbox"/> 04/08 5:45 - 6:45PM • R3
1998 Pee Wee	<input type="checkbox"/> 03/15 8:00 - 9:00PM • R3	<input type="checkbox"/> 03/22 8:00 - 9:00PM • R1	<input type="checkbox"/> 03/29 8:00 - 9:00PM • R1	<input type="checkbox"/> 04/08 7:00 - 8:00PM • R3
1997 Bantam	<input type="checkbox"/> 03/16 8:40 - 9:40PM • R3	<input type="checkbox"/> 03/22 8:30 - 9:30PM • R2	<input type="checkbox"/> 03/29 6:00 - 7:00PM • R3	<input type="checkbox"/> 04/08 8:15 - 9:15PM • R3
1996 Bantam	<input type="checkbox"/> 03/16 8:40 - 9:40PM • R3	<input type="checkbox"/> 03/22 8:45 - 9:45PM • R3	<input type="checkbox"/> 03/29 7:15 - 8:15PM • R3	<input type="checkbox"/> 04/08 9:30 - 10:30PM • R3
1995 & prior Midget	<input type="checkbox"/> 03/16 9:50 - 10:50PM • R3	<input type="checkbox"/> 03/22 9:15 - 10:15PM • R1	<input type="checkbox"/> 03/29 8:45 - 9:45PM • R3	<input type="checkbox"/> 04/05 9:15 - 10:15PM • R1
GIRLS 12U 14U	<input type="checkbox"/> 03/26 6:45 - 7:45PM • R1	<input type="checkbox"/> 03/30 5:30 - 6:30PM • R2	<input type="checkbox"/> 04/06 5:30 - 6:30PM • R2	<input type="checkbox"/> 04/09 6:15 - 7:30PM • R2
GIRLS 16U 19U	<input type="checkbox"/> 03/22 8:45 - 9:45PM • R3	<input type="checkbox"/> 03/29 7:15 - 8:15PM • R3	<input type="checkbox"/> 04/08 9:30 - 10:30PM • R3	

Player Name: _____ Parent Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Home & Cell Phone: _____

Player's Date of Birth: _____ Male Female 2009-10 Hockey Organization: _____

USA Hockey Registration #: _____ REQUIRED - can be obtained at www.usahockey.com

Email Addresses: _____

PRE-REGISTRATION REQUIRED! CLINIC IS FREE TO CURRENT NEW JERSEY COLONIAL PLAYERS, BUT YOU MUST NOTIFY YOUR MANAGERS AS TO WHICH SESSIONS YOU ARE ATTENDING. ONLY NON-COLONIALS NEED TO RETURN THIS CARD WITH PAYMENT, BY MAIL.

\$20.00* per session X number of sessions: \$ _____

**Non-Colonial players only.*

METHOD OF PAYMENT:

VISA Mastercard AMEX

Check

Card Number: _____

Check Number: _____

Cardholder: _____ Expiration: _____

Signature of Cardholder: _____

Please send completed form with payment to:

Kathy Branchina, New Jersey Colonials
19 Silver Lake Drive, Summit, NJ 07901
Kbranchina@comcast.net

2009-10 non-Colonial players from the AYHL, NJYHL or MAWHA leagues, must provide a release from their current travel club, in order to participate in these clinics. Rec and Town league players do NOT need releases.



www.njcolonials.net



Seven Loveys Drive
Florham Park, NJ 07932

**KEEP IN SHAPE WITH
COLONIALS SPRING
CONDITIONING
CLINICS AT MENNEN**

- **GOALIE**
- **AGILITY**
- **PUCK CONTROL**
- **POWER SKATING**
- **PASSING & SHOOTING**
- **GAME SITUATIONS / SCRIMMAGES**

www.njcolonials.net