

PRIDE HOCKEY presents.....

**Spring Skating and Skills Clinic
at
Olympia Ice Center
Every Monday, April 5th—June 7th**

2010 Pride Hockey Clinic Format

CLINIC WILL BE TEN (10) SESSIONS

5pm (Mites/Squirts) 6pm (Peewees/Bantams)

COST IS \$175 FOR ENTIRE 10 WEEK SESSION

WALK-ONS WELCOME(\$20) PER SESSION

TOTAL NUMBER OF SKATERS FOR THE CLINIC WILL BE 30!!

PRIDE HOCKEY REGISTRATION FORM

Please enroll the undersigned. I understand that neither Jeremy Tabb nor Pride Hockey, INC. nor anyone employed by said program will assume responsibility for accidents, loss of equipment, or other expenses incurred as a result of participation in this clinic. I attest that the applicant is in good health and able to participate in the physical activity of a rigorous athletic program.

OLYMPIA ICE CENTER

Signature of Parent/Guardian

Name	<input type="text"/>	Date of Birth	<input type="text"/>			
Address	<input type="text"/>		City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>	Telephone	<input type="text"/>	
Code #	<input type="text"/>	Team	<input type="text"/>	E-Mail Address	<input type="text"/>	
Credit Card Options:	Deposit <input type="checkbox"/>	Full Payment <input type="checkbox"/>	Balance <input type="checkbox"/>	Amt. Enclosed \$	<input type="text"/>	
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Card#	<input type="text"/>		Exp. Date	<input type="text"/>

Mail Application to: Pride Hockey, INC. 99 Lincolnshire Dr. Bradford, MA 01835