



HOCKEY MASTERS PRESENTS...

Adult Skills Clinics

Taught by Hockey Masters Instructors Dave Debol and Brian Sipotz

Schedule:

Each Session consists of 10 skates, every Tuesday and Thursday morning from 6:30am to 7:50am at the Ann Arbor Ice Cube.

Ses. 1: Sept 13th- Oct13th

Ses. 2: Oct 18th- Nov 17th

Ses. 3: Nov 22nd- Dec 27th

*no ice Nov 24th

Ses 4: Dec 29th- Jan 31st

Ses 5: Feb 2nd- March 7th

Prices:

Any single session \$210

2 ,3, or 4 sessions \$190ea

All 5 sessions \$175ea

Hockey Masters provides a solution for those Adult League players looking to improve their skills and effectiveness on the ice. We offer professional instruction to help you improve your **SKATING, STICKHANDLING, SHOOTING, POSITIONAL PLAY, SITUATIONAL AND GAME PLAY.**

Men and Women welcome, full equipment required. Please mail this completed form and a personal check made out to Hockey Masters to the address below, or simply bring this form to the first day of the session. We look forward to seeing you for some fun on the ice!

_____	Register for...
Name	<input type="checkbox"/> Session 1
_____	<input type="checkbox"/> Session 2
Address	<input type="checkbox"/> Session 3
_____	<input type="checkbox"/> Session 4
_____	<input type="checkbox"/> Session 5
E-mail	

Phone	

Questions? Please contact Dave Debol
Phone: 734-645-8822
E-mail: daviddebol@aol.com
See www.hockeymasters.net for more info

I, _____, participant, hereby recognize that participation in the sport of hockey or ice skating can be hazardous, even dangerous, and can result in minor or serious injury, even death. For these reasons, I hereby acknowledge that I understand the risks involved in skating and hockey, and, should a medical emergency arise, I grant full authorization for medical treatment to the 911 Emergency Staff on call. By signing this waiver, I also agree that in no way will I hold the Ann Arbor Ice Cube, Hockey Masters, Inc., Dave Debol, Brian Sipotz, or any other professional instructors liable for any such injuries should they occur. I have fully read this waiver, and I acknowledge a complete understanding of it's contents.

Signed _____ Date _____

Mail To:
Hockey Masters
P.O. Box 2823
Ann Arbor, MI 48106
Attn: Adult Skills

Brought to you by:

