

2009 Summer Hockey Camps

Attention Hockey Parents

Beginning June 16, 2009, Squirt Head Coach Dan Florjancic will be conducting his sixth season of summer skating sessions at the Mentor Civic Ice Arena. Off-ice and on-ice skating sessions will be held on Tuesdays and Thursdays as noted below. These clinics will last for a ten-week period with one hour for off-ice training/conditioning and one hour for skating instruction each day. The objective of these summer camp sessions is to keep your skater on the ice and in shape through the off-season and to improve individual skills such as skating, puck control, checking, and shooting.

Costs for the sessions are \$150 for ten sessions for either Tuesday or Thursday or \$250 for all twenty session (every Tuesday and Thursday).

Register by May 11, 2009 and save \$25.00 (\$125.00) for ten sessions or \$30.00 (\$220.00) for all twenty sessions.

Players may also sign up to be listed as a substitute skater.

If interested in attending this season's camp, please complete the registration form below and mail with full payment, payable to Dan Florjancic. Registration deadline is June 1, 2009. Space is limited to 20 skaters. If you have any questions please contact Coach Dan at 440-257-0367, 216-387-5438 or danflorjancic@hotmail.com.

Summer Hockey Camp Registration Form

Mentor Civic Center Hockey Camp Sessions begin Tuesday, June 16, 2009 and end August 20, 2009

___ 10 Tues Mite/Squirt Session (11:45am-12: 45pm off-ice/1:00pm-2:00pm on ice)

___ 10 Thurs Mite/Squirt Session (11:45am-12: 45pm off ice/1:00pm-2:00pm on-ice)

___ 10 Tues Pee wee/Bantam Sessions (12:45-1:45pm off ice/2:00pm-3-00pm on-ice)

___ 10 Thurs Pee wee/Bantam Sessions (12:45-1:45pm off ice/2:00pm-3:00pm on-ice)

___ 20 Sessions (All Tuesday and Thursday Session combined)

___ Please sign my skater up as a substitute to fill-in this summer when available

Players Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home # () _____ Work# () _____ Cell# () _____

Email: _____

Parents Signature: _____ Date: _____

Insurance Provider: _____ Policy # _____

**Completely fill out the entire form above, all information is required for registration. Payment is non-refundable. Submit form with full payment payable to

Dan Florjancic c/o Mentor Civic Center, 8600 Munson Road, Mentor, OH, 44060.

**Small group or private clinics also available.

Contact Coach Dan for details: 440-257-0367, 216-387-5438 or danflorjancic@hotmail.com

