



HOLIDAY HOCKEY CAMP

DEC. 28-30 • 10 A.M.-NOON

GOLD ICE ARENA

\$60 to attend all three days OR \$30 individual days.

Advance registration required. Deadline is Dec. 23, 2009.

- | | |
|---------------|---|
| Dec. 28 | Endurance Clinic
Directed by Gary Irving, Professional Skating Coach |
| Dec. 29 | Stick Handling/Puck Control Clinic
Directed by Donna Helgenberg, Professional Skating
Coach and Head Coach for Conestoga High School
Girl's Varsity Ice Hockey |
| Dec. 30 | Power Skating Clinic
Directed by Patty DeLisi, Professional Skating Coach |

**For more information, contact Jim Kaden at
[kaden@udel.edu] or 302-831-6038.**

Holiday Hockey Camp Registration Form

Last Name of Skater _____ First Name _____

Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

Birth Date _____ Age _____ Sex _____

Current Hockey Level

- Learn to Play Cross Ice Full/Limited Travel
 3 Day Camp, \$60 Dec. 28, \$30 Dec. 29, \$30 Dec. 30, \$30

Total Cost: _____

METHOD OF PAYMENT

- Cash/Check (payable to University of Delaware) Visa
 MasterCard American Express Discover
 UD1-Flex UD1 CARD w/MAC

Card number _____ Exp. Date _____

Name on card _____

Signature _____

Office use only Initials: _____

UNIVERSITY OF DELAWARE

In consideration of the privilege of using the University of Delaware Ice Arenas and understanding there are inherent risks in connection with this activity, I (We) hereby assume these risks, waive any possible claim that may arise against the University, its trustees, employees, and agents for any damages or injuries sustained in the course of the activity and agree to indemnify and save harmless and not to assert a claim against or sue the University, its trustees, employees, or agents for any such damages or injuries or for any and all other claims which may arise in connection with my (our) use of the Ice Arenas. I also agree to the policies and procedures explained in the University of Delaware Ice Arena Program Guide

Participant's Name _____

Parent's/Guardian's Name _____

Signature _____ Date _____

MAIL FORM TO: FRED RUST ICE ARENA/BUSINESS OFFICE
UNIVERSITY OF DELAWARE, NEWARK, DE 19716-1930
FAX: 302-831-4699

Last Name of Skater _____ First Name _____

Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

Birth Date _____ Age _____ Sex _____

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