

# EM ICE

PRESENTS...



## THE ANNUAL "SHOOT AND HIT" YOUTH HOCKEY CLINIC

**JULY 23, 24, & 26 2009**

FOR ONLY \$199.00 YOU CAN EXPERIENCE THE BAY AREA'S ONLY CLINIC  
DESIGNED SPECIFICALLY TO ENHANCE PLAYERS' SHOOTING ABILITY AS WELL  
AS THEIR CHECKING ABILITY AND OVERALL PHYSICAL PLAY!

<u>Date</u>	<u>On-Ice</u>	<u>Off-Ice</u>
July 23	6:30pm- 7:45pm	8:00pm-9:00pm
July 24	7:30pm- 8:45pm	6:00pm-7:00pm (before ice)
July 26	11:15am-12:45pm	9:45am-10:45am (before ice)

Contact Emery Lykins: 510-593-5393 [emery@em-ice.com](mailto:emery@em-ice.com) or Darisa Watson: 925-998-3929 [darisa@em-ice.com](mailto:darisa@em-ice.com) with questions.  
Also visit our website for more information on this and upcoming clinics [www.em-ice.com](http://www.em-ice.com) (visit website for locations)

### **Registration Form and Fee Due: July 11, 2009**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Credit Card:  VISA  MasterCard  AMEX Exp Date: \_\_\_\_ / \_\_\_\_

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CRC# (3-digit security code on back of card or 4-digit on front of AMEX): \_\_\_\_\_

Address associated with card if different from above: \_\_\_\_\_

or...**Mail checks payable to: EM ICE and mail to: P.O. Box 23666, Pleasant Hill, CA 94523**

By signing this entry, the team contact on behalf of his/her team or an individual player and/or dependent or a parent representing a player releases the executives, organizing officials and volunteers of EM ICE from all liability, in any injury or accident which may be incurred by a player, team official or spectator while participating in or traveling to or from the Clinic. Players and their families/parents fully understand they will not receive a refund if the player withdraws from the clinic for any reason including injury.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_