

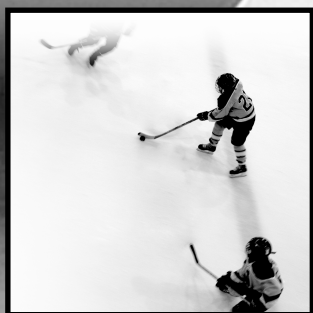
mitron

program descriptions

TECHNICAL



TACTICAL



PHYSICAL



MENTAL



SKATING SPEED AND ACCELERATION PROGRAM **AGES: 6 - 10**

This intense high speed, hitempo/flow program teaches the fundamental technical skills of skating speed and acceleration through a high volume of repetition of hockey and game specific drills.

Program Objectives

- Improve skating acceleration
- Improve skating speed and quickness
- Improve cornering and agility
- Improve anaerobic power and capacity
- Develop puck control at high speed
- Develop checking skills

PUCK HANDLING AND SHOOTING PROGRAM **AGES: 11 - 14 and High School**

This intense high speed, hitempo/flow program teaches the fundamental technical skills of puck handling and shooting through a high volume of repetition of hockey and game specific drills.

Program Objectives

- Improve passing and receiving skills
- Improve passing accuracy at high speed
- Develop puck control at high speed
- Develop shooting quickness
- Develop shooting accuracy
- Develop shooting tactics
- Improve skating speed and agility

EACH PROGRAM is:

3 DAYS (1.5 hours/day)

Space is limited to:

24 SKATERS PER SESSION

To avoid disappointment:

REGISTER EARLY

HOW TO REGISTER

Register early to avoid any disappointment. Simply fill out this registration form and mail with your check, money order or credit card information to the address shown. The registration fee is refundable less a \$25.00 administration charge if cancelled within two weeks of the program start date.

*** Note:** SHAW and Mitron reserves the right to combine or cancel any programs with less than the minimum number of participants.

ALTERNATIVELY YOU CAN REGISTER ONLINE

at **www.mitronhockey.com**

Register on our website by entering your enrollment information on our convenient online registration form. Simply follow the links to the form and fill in the details. **A receipt with payment instructions will be sent to your email address.**

BE SURE TO DEPOSIT YOUR METHOD OF PAYMENT AT THE SHAW OFFICE MAIL BOX AT WILSON ARENA OR BY MAIL TO SHAW AT THE ADDRESS SHOWN BELOW

MAIL * FAX * EMAIL

PLEASE MAKE YOUR CHECK PAYABLE and MAIL TO:

Southeastern Hockey Association of Wisconsin
Hockey Camp
P.O. Box 210256
Milwaukee, WI 53221
www.shawhockey.org
(414) 327-SHAW

Under license of:
Mitron nexGen Sports
Unit #1 - 157 Rivermede Rd.
Concord, Ontario L4K 3M4
Facsimile: (905) 738-7797
Toll Free: (800) 716-6716

Website: www.mitronhockey.com
Email: info@mitronhockey.com



www.shawhockey.org

SHAW SPECIALIZED WINTER HOCKEY CAMPS

3 easy steps to register...

TODAY!

Step 1: enter player information

name: _____ date of birth: _____
 address: _____ age: _____
 _____ position: _____
 _____ level: _____
 telephone: _____
 email: _____

or REGISTER at:
www.mitronhockey.com

RECEIVE A 10% DISCOUNT FOR 2 OR MORE FAMILY REGISTRANTS

Step 2: select program see other side for description

MILWAUKEE, Wilson Park Arena, 4001 S 20th St, Milwaukee, WI 53221

DECEMBER 28, 29, 30, 2009

- Puck Handling and Shooting Program (HIGH SCHOOL): 4 - 5:30 p.m.
- Skating Speed and Acceleration Program (AGES: 6 - 10): 5:45 - 7:15 p.m.
- Puck Handling and Shooting Program (AGES: 11 - 14): 7:30 - 9 p.m.

PROGRAMS OPERATED BY SOUTHEASTERN HOCKEY ASSOCIATION OF WISCONSIN

Step 3: signature and payment

FOR PARTICIPANTS OF MINORITY AGE

(Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify **Mitron nexGen Sports** from any and all liabilities incident to my minor child's involvement or participation in the clinic(s) on the reverse.

PAYMENT

(Each Program is \$99.00/player

Cost: \$99.00 x ____ = _____

***Discount (10% if applicable):** _____

State Tax (Not Applicable): _____ **0**

TOTAL PAYMENT: _____

* Take 10% off the second program registration fee when the same person registers for a second program or another person registers for the same family.

METHOD OF PAYMENT

Parent or Guardian Name (Please Print) _____

Cash • Check

or

BREWER CREDITS ACCEPTED

(Check payable to:

SOUTHEASTERN HOCKEY ASSOCIATION OF WISCONSIN, HOCKEY CAMP)

Parent / Guardian Signature _____ / _____
 Date Signed

mitron



www.shawhockey.org

