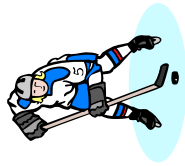


FEMALE HOCKEY CLINIC



at the
NORTH SIMCOE SPORTS AND RECREATION CENTRE
527 Len Self Boulevard
Midland, Ontario L4R 5N6



"Stephanie taught us if you have 'heart', you'll get the game."



"I have never seen my son watch a hockey camp with such envy."



For further information call: (705) 689-8150
or e-mail: sbfhsmuskoka.com

FEMALE HOCKEY SCHOOL



2009

Tuesday
Thursday

August 25 and September 1
August 27 and September 3

at the



HEAD INSTRUCTOR

STEPHANIE BOYD

Team USA, Toronto Aeros (NHL), University of Toronto (OUAA), Vaughan Flames Head Coach (CWHL).



Female Hockey Clinic coming to Midland

Stephanie Boyd will be bringing a unique Female Hockey Clinic to the North Simcoe Sports and Recreation Centre August 25 & 27 and September 1 & 3. This special hockey clinic is only open to females and will feature five hours of ice time for each age group, 11 years and under (6:00 pm to 7:15 pm), 12 to 14 years (7:30 pm to 8:45 pm) and 15 years and over (9:00 pm to 10:15 pm). The clinic will include power skating, puck control, innovative on-ice sessions, team play and strategies and positive attitude and sportsmanship.

Head Instructor Stephanie Boyd brings a wealth of knowledge from Team USA, Toronto Aeros (NHL), University of Toronto (OUAA), Vaughan Flames Head Coach (CWLH) and years of experience in operating an annual female hockey school in Muskoka.

ICE TIMES

Tuesdays August 25th and
September 1st

Thursdays August 27th and
September 3rd

6:00 pm to 7:15 pm	11 years & under
7:30 pm to 8:45 pm	12: to 14 years
9:00 pm to 10:15 pm	15 years & over

REGISTRATION

Registration is limited to 30 skaters and 6 goalies per group. Fee is \$150.00, plus GST. Sign up now at the North Simcoe Sports and Recreation Centre, Customer Service Office, open daily from 8:00 am to 10:00 pm or call (705) 526-9395.

“One piece hockey stick, \$129; skates that don’t hurt your feet after one hour, \$399; self-esteem for my daughter after attending this camp; priceless!”

Registration Form

Name: _____ Office Use Only: Deposit _____ Balance _____ Age (as of August 1st, 2009): _____ Position: Goal _____ Forward _____ Defence _____

Name of Parent or Guardian: _____ City: _____ Postal Code: _____

Address: _____ Work: _____ Cellular: _____

Province: _____ Tel. – Home: _____ Competitive: _____ House League: _____

Team: _____

Do you have any health problems we should be aware of? _____

Health Card Number: _____ Email: _____

Collected in accordance with section 28(2) of the Freedom of Information and Protection Privacy Act, 1989. The information collected is to be used solely for the purpose of the administration of this program. If further information is required, call (705) 689-8150. It is understood and agreed that while all diligence is taken to assure the well-being of the participant, there are certain risks that are normal to the sport for which management bears no responsibility. Refunds will be made until June 1st, 2009, subject to a \$25.00 administration charge. Full registration fee is due by August 1, 2009.

Date: _____

Parent or Guardian Signature: _____

Register early to avoid disappointment