

# RICCI HOCKEY 19TH ANNUAL HOLIDAY WINTER SKILLS CLINIC

DECEMBER 19-21, 2016

THE ICE RANCH

841 SOUTHPARK DR. LITTLETON, CO

ANGELO RICCI & RICCI HOCKEY STAFF

❄ Skill development focusing on skating, shooting, passing and receiving, stickhandling, angling (body contact for Group B) and puck positioning and much more.

❄ 3 sessions - 75 minutes each

❄ Maximum 36 skaters and 4 goalies per Group

❄ **\$120/skaters and \$60/goalies**

**GROUP A 8U Adv - Squirt**

Mon	12/19	9:00AM - 10:15AM
Tues	12/20	9:00AM - 10:15AM
Wed	12/21	9:00AM - 10:15AM

**GROUP B PeeWee, - Bantam**

Mon	12/19	10:30AM - 11:45AM
Tues	12/20	10:30AM - 11:45AM
Wed	12/21	10:30AM - 11:45AM

Player's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 2016/2017 Team and Level: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

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

**\*\*Confirmations will be sent by email\*\***

**Non-refundable full payment due with registration**

Choose **Group A** \_\_\_\_\_ **Group B** \_\_\_\_\_

Choose method of payment: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC # \_\_\_\_\_ EX \_\_\_\_\_

Cardholder's name \_\_\_\_\_

**Make checks payable to:** Ricci Hockey  
**Mail Registration to:** 4434 S. Van Gordon Way, Morrison, CO 80465  
**Fax Registration to:** (720) 299-8601

**Indemnification and Waiver of Liability:** By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Angelo Ricci, staff, and The Ice Ranch do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_



**For questions or more information please contact:**

**Angelo Ricci**  
 angelo@riccihockey.com  
 303-810-7022

**Kim Feno**  
 info@riccihockey.com  
 720-299-8601



**WWW.RICCIHOCKEY.COM**