



PRINCE GEORGE COUGARS



PRO-D DAY ELITE LEVEL HOCKEY SKILLS SESSIONS

FRIDAY, SEPTEMBER 25TH - KIN 2 ARENA

NO SCHOOL? NO PROBLEM! JOIN US FOR OUR INAUGURAL PRO D-DAY ELITE LEVEL HOCKEY SKILLS SESSIONS!

POSITION SPECIFIC SKILLS SESSIONS!

NHL ALUMNI COACHING STAFF!

TONS OF FUN!

PLAYER NAME: _____

BIRTHDATE: _____ / _____ / _____ CARE CARD NO.: _____
YEAR MONTH DAY

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PARENT NAME: _____ CELL: _____

PARENT E-MAIL: _____

ELITE/REP LEVEL SKILLS TRAINING SESSIONS:

DEFENSE: FOCUS ON D-SPECIFIC TRANSITION SKATING, STICK POSITIONING, PUCK RETRIEVAL AND DECEPTION!

DEFENSE-U11 8:00 AM - 9:00 AM MAX: 7 SKATERS COST: \$35.00*

DEFENSE-U13 8:00 AM - 9:00 AM MAX: 7 SKATERS COST: \$35.00*

FORWARDS: FOCUS ON SKATING FOR DECEPTION, PUCK HANDLING AND BREAKOUT TECHNIQUES!

FORWARD-U11 9:30 AM - 10:30 AM MAX: 16 SKATERS COST: \$35.00*

FORWARD-U13 11:00 AM - 12:00 PM MAX: 18 SKATERS COST: \$35.00*

GOALIES: GOALIES WILL PARTICIPATE IN DEFENSE OR FORWARD SESSIONS WITH A FOCUS ON TECHNICAL MOVEMENT TRAINING AND SHOTS!

GOALIE-U11 8:00 AM - 9:00 AM MAX: 4 GOALIES (W/DEFENSE) COST: \$35.00*

GOALIE-U11 9:30 AM - 10:30 AM MAX: 4 GOALIES (W/FORWARDS) COST: \$35.00*

GOALIE-U13 8:00 AM - 9:00 AM MAX: 2 GOALIES (W/DEFENSE) COST: \$35.00*

GOALIE-U13 11:00 AM - 12:00 PM MAX: 2 GOALIES (W/FORWARDS) COST: \$35.00*

*PRICE INCLUDES A FREE GAME VOUCHER FOR ANY UPCOMING 2020-2021 PG COUGARS REGULAR SEASON GAME!

PAYMENT DETAILS:

CREDIT CARD INTERAC CASH CHEQUE

CREDIT CARD NO.: _____ EXPIRY: _____

CARDHOLDER'S NAME: _____ AMOUNT: _____

THE PARTICIPANT AND HIS/HER PARENTS/GUARDIANS AGREE TO HOLD HARMLESS THE PRINCE GEORGE COUGARS, THE CITY OF PRINCE GEORGE, THE PRINCE GEORGE COUGARS HOCKEY SCHOOL AND/OR ANY PERSON(S) ASSOCIATED WITH THIS EVENT FROM ANY CLAIMS OR DAMAGES RESULTING FROM ANY ACCIDENT OR LOSS HOWEVER IT MAY BE CAUSED. THE PARTICIPANT AND HIS/HER PARENTS/GUARDIANS AGREE TO FOLLOW ALL COVID-RELATED RULES DURING ALL SESSIONS WITH FAILURE TO DO SO RESULTING IN IMMEDIATE REMOVAL FROM SESSIONS.

PARTICIPANT'S NAME _____ SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

RETURN COMPLETED FORM TO: ADMIN@PGCOUGARS.COM OR VIA FAX TO: 250-561-0743