



WISSAHICKON SKATING CLUB

ALL GIRLS SUMMER ICE HOCKEY CLINIC

FOR GIRLS AGE 7 TO 17

JUNE 27 - JULY 1, 2011

The WSC Girls Summer Ice Hockey Clinic is designed for girls aged 7-17, and will focus on improving individual skills in skating, shooting, passing, and position responsibilities while also providing instruction in teamwork, hockey strategy, and dryland training exercises.

Head Coach **Gump Whiteside**, WSC Director of Hockey, has been involved in youth hockey for more than 30 years, and is an active member of USA Hockey and the Atlantic District. Currently Head Coach of the Holy Ghost Prep Varsity, his scholastic teams have earned a reputation for exceptionally smart play and demonstrated the highest character on ice.

Daily clinic runs from 9:00 am - 3:00 pm
at **Wissahickon Skating Club**

Daily program instruction includes:

- Minimum of 3 hours of on-ice instruction
- Off-ice conditioning and developmental instruction

Program fee

\$300 per player, \$100 for goalies

Fee includes five days of instruction, beverages and camp jersey

10% discount for additional members of immediate family.

Please visit www.wissskating.com for location and directions.

FOR MORE INFORMATION, CONTACT:

Gump Whiteside, WSC Director of Hockey: 215-247-1759, ext 17, or hockey@wissskating.com

WSC · 550 W. WILLOW GROVE AVE. · PHILADELPHIA, PA 19118 · (215) 247-1759 · WWW.WISSKATING.COM



WISSAHICKON SKATING CLUB

All girls should bring a water bottle, lunch, hockey skates & stick and full protective gear including a helmet with face mask.

Clinic Director: Coach Gump Whiteside

Contact Information: 215-247-1759, ext 17, or hockey@wissskating.com

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**9:00 AM to 3:00 PM
550 W. Willow Grove Ave.
Philadelphia, PA 19118**

REGISTRATION FORM

CAMP COST: **\$300, \$100 FOR GOALIES**

CAMP FEES ARE PAYABLE BY CHECK OR CREDIT CARD (VISA OR MASTERCARD).

PLEASE MAKE CHECKS PAYABLE TO:
WISSAHICKON SKATING CLUB

PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT TO:

WISSAHICKON SKATING CLUB
GIRLS SUMMER HOCKEY CLINIC
550 W. WILLOW GROVE AVE.
PHILADELPHIA, PA 19118

PLAYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL _____

PRIMARY PARENT CELL NUMBER _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

PLAYER INFORMATION

AGE _____ DATE OF BIRTH _____ YRS HOCKEY EXPERIENCE _____

LAST YEAR TEAM & LEVEL _____ POSITION _____

PAYMENT INFORMATION CHECK ENCLOSED VISA MASTERCARD

CREDIT CARD NO. _____ EXP _____

SIGNATURE (REQUIRED FOR CC PAYMENTS) _____