



2012 WSC SPRING HOCKEY CLINICS

Please check what sessions you are attending:

		<u>TIMES</u>	<u>GROUP</u>
()	<u>POWER SKATING CLINIC</u> Sundays: April 29, May 13, 20 June 10, 17 Cost: \$100.00	1:15 – 2:30 PM	All Groups
()	<u>Goalie Clinic</u> Sundays: April 22, May 6, June 3 Cost: \$60.00	1:15 – 2:30 PM	All Groups

**Full Equipment Required For All Sessions
\$20.00 Walk on Fee for each Session**

SPECIAL TO WSC CLUB MEMBERS:
Register a non-WSC member for a Spring clinic and save 25% off of your fee.
This offer does not apply if the skater only attends an individual session.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone: _____

Email: _____

Parents Name(s): _____

Questions: Contact Gump Whiteside, Director of Hockey
215-247-1759 VM # 17 or Email hockey @ wiss skating.com

Mail form along with check to: **Wissahickon Skating Club**
550 W. Willow Grove Ave
Philadelphia, PA 19118

For official use:
Date received: _____ Amount Received: \$ _____ Check #: _____ () Cash: _____ () Club Account

Visa/MC/Discover: _____ Exp. Date: _____

Cardholders Name: _____