

Don't Get **ICED** By the Competition . . .

Prepare for Tryouts with NECDL's
4th Pre Season High School Development Camp
 at CDL Arena, Raynham

Coaching Staff

- | | |
|-------------------------|---|
| <i>Ted Anastos</i> | NECDL General Manager |
| <i>Dave Borges</i> | Coyle Cassidy Head Coach |
| <i>Jack Busalacchi</i> | Catholic Memorial Goalie Coach |
| <i>Derackk Curtis</i> | Archbishop Williams Head Coach |
| <i>Steve Folan</i> | N. Attleboro HS Head Coach |
| <i>Bill Hanson</i> | Catholic Memorial Head Coach |
| <i>Dan Lynch</i> | Bishop Fenwick Head Coach |
| <i>John Mahoney</i> | Hingham HS Asst Coach |
| <i>Paul Noonan</i> | Milton HS Head Coach |
| <i>Dave Spinale</i> | Xaverian Head Coach |
| <i>Victor Teleguine</i> | Boston & Providence Bruins Skills Coach |



5 Day Intensive Camp
November 23 ~ 29, 2008
6.5 hours of on ice training
Cost: \$119.00
Sold out Every Year!
Register before Nov 1
~ take \$20.00 off!

<u>Session</u>	<u>Mon 11/23</u>	<u>Wed 11/25</u>	<u>Fri 11/27</u>	<u>Sat 11/28</u>	<u>Sun 11/29</u>
Session 1 Boys	5:00PM	1:00PM	8:00 AM	2:30PM	9:20AM
Session 2 Boys	6:30PM	2:10PM	9:30 AM	4:00pm	10:30AM
Session 3 Boys	8:00PM	3:20PM	11:00 AM	5:30PM	11:40AM

players are assigned to sessions based on age & ability

High School Pre Season Training Camp – Fall 2009

Player's Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: (____) _____ Email: _____
 DOB: _____ Pos: Fwd Dfs Goal Shot: R or L Hgt: _____ Wgt: _____
 08/09 Team: _____ Grade in Fall 0: _____

Please make checks payable to:

NECDL Hockey
 PO Box 563
 Accord, MA 02018

Tel: (781) 982-9872
 Fax: (781) 982-9464
www.necd.com
info@necd.com

RELEASE OF LIABILITY/ACKNOWLEDGMENT OF RISK

Upon entering events sponsored by the New England College Development League (hereinafter referred to as NECDL, LLC), I/WE agree to abide by the rules of USA Hockey as currently published. I/WE understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/WE voluntarily and knowingly recognize, accept, and assume this risk and release the NECDL, LLC, its Affiliates, their sponsors, event organizers and officials from any liability therefore.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Method of Payment:(please specify) _____ Check # _____ MasterCard Visa Discover

Program Cost= \$119.00 F09HSCMPA

For Credit Card Payment:

Card Number: _____ Exp. Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____ Total Remittance: \$ _____