

2019 OYHA Fall Clinic

Camp Director: Pat Cullen

OYHA Executive Director

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|--------------|---------------------------|--------------------------------|-----------------|
| <u>Where</u> | Four Seasons Arena | Owatonna, MN | |
| <u>When</u> | U10/U12 | Sept: 11,15,18,22,25,29 | Oct: 2,6 |
| | Squirts | Sept: 11,15,18,22,25,29 | Oct: 2,6 |
| | Pee Wees | Sept: 11,15,18,22,25,29 | Oct: 2,6 |
| | *Wed only Bantams: | Sept: 11,18,25 | Oct: 2 |
| <u>Times</u> | Wednesday: U10/U12 | 4:30-5:30 | |
| | Squirts | 5:45-6:45 | |
| | Pee Wees | 7:00-8:00 | |
| | Bantams | 8:15-9:15 | |
| | Sunday: U10/U12 | 2:15-3:15 | |
| | Squirts | 3:30-4:30 | |
| | Pee Wees | 4:45-5:45 | |

Cost \$100.00 (Bantams \$50.00) Make checks payable to: OYHA Fall Clinic

Camp will focus on skill development, competing and preparing for tryouts

If questions, please contact Pat Cullen at: Director@owatonnahockey.com

Player's name:(Print) _____

Level (circle one) U10/U12 Squirt Pee Wees Bantam **Position** (circle one) Fwd Def Goalie

USA Hockey, OYHA, MN Hockey, The Four Seasons Centre as well as the Camp Coaches will not be held liable to any injury or damages sustained during this hockey camp. It is mandatory that your child has insurance to participate in this hockey camp. By signing, you also are stating that your child is healthy enough to participate in such a camp.

Signature _____ Date _____

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| <p>Detach and Mail Payment to: OYHA Fall Camp PO Box 76 Owatonna, MN 55060</p> |
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