

Hello,

A few weeks ago registration forms were sent out for this years Central Maine Hockey Clinic held at Sukee Arena in Winslow. After sending the brochures out the arena postponed the opening one week. Because of this we had to rescheduled the clinic one week further. Also due to scheduling conflicts Monday ice was not available. So what we have done is reformatted the clinic to run four consecutive evenings at 75 minutes per session. So below you will find the current and final schedule for this years clinic. For those of you that have sent in your registrations please contact me if there is an issue with the new schedule if you haven't done so already. I have attached an updated registration form for your information. I will be resending via U.S mail new brochures this week. I apologize for any inconvenience this would cause and thank you for your support.

Alan Veilleux  
Director of CMHC

## **CENTRAL MAINE HOCKEY CLINIC**

**TUESDAY OCTOBER 14 THRU FRIDAY OCTOBER 17.**

**MITES AND SQUIRTS: 5:45 - 7:00 PM**  
**PEEWEEES AND BANTAMS: 7:10 -8:25 PM**

**\*COST: PLAYERS \$65**  
**GOALIES \$30**

**\* INCLUDES: \* 5 HRS OF ICE**  
**\* CMHC CLINIC T-SHIRT**  
**\* PUBLIC SKATING PASSES**

**\*\*\* WE WILL ALSO BE DRAWING FOR FREE**  
**SEASON TICKETS TO HIGH SCHOOL**  
**HOCKEY GAMES AT SUKEE ARENA**



**2008**  
*Central Maine  
Hockey Clinic*

**Director:** Alan Veilleux

**Phone:** 873-2540

**E-mail:** cmhclinic@roadrunner.com

**Eligibility:** Mites Birth year 2000-2003

Squirts Birth year 1998-1999

Peewees Birth year 1996-1997

Bantams Birth year 1994-1995

**Dates:** October 14th - 17th

**Times:** Mites/Squirts 5:45 - 7:00 pm

Peewees/Bantams 7:10 - 8:25 pm

**Location:** Sukee Arena, Winslow, Maine

**Cost:** \$65.00 per player

\$30.00 per goalie

**Important:** Full equipment is mandatory, including mouthpieces for Bantams and Peewees.

Names are to be printed clearly on the front of helmets.

Limited enrollment...

**PLEASE CALL TO CONFIRM SLOT!**

# **Central Maine Hockey Clinic**

## *Registration*

Circle Appropriate Session

Mite  Squirt  Pee wee  Bantam

Association Affiliated With:

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
T-Shirt Size: YS YM YL AS AM AL AXL

Preferred Position: Forward Defense Goalie

*Any and all instructors of the Central Maine Hockey Clinic and Sukee Arena and its employees will not be responsible for any injury or medical or dental expenses incurred from participation in this clinic.*

Parent or  
Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Make checks payable to:  
**Central Maine Hockey Clinic**

*Payments are non-refundable*  
Mail registration and payment to:

Central Maine Hockey Clinic  
3 Bizier Street,  
Winslow, Maine 04901

**Office Use Only**  
Check No. / Date Rec'd  
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