

**SUKEE ARENA**  
**& EVENTS CENTER**  
25 Verti Drive, Winslow, ME 04901  
872-5994 or 873-2337  
[www.sukeearena.org](http://www.sukeearena.org)



**OPENING CLINIC**  
**SUNDAY, MARCH 30, 2008**

10:00 A.M. - 11:00 A.M. - 4, 5 & 6 YEAR OLDS \*  
11:10 A.M. - 12:10 P.M. - 7, 8 & 9 YEAR OLDS\*  
12:20 P.M. - 1:20 P.M. - 10, 11 & 12 YEAR OLDS\*

**\*MUST BE OF AGE BY 5/1/08**

**Clinic followed by 10 game season. Players will be divided onto teams after clinic and will receive a team T-Shirt.**

**4 - 6 YEAR OLDS - SATURDAYS, April 5, 12, APRIL 19, 26, May 3 9:00 A.M. (5 games)**

**7 - 9 YEAR OLDS - TEAMS PLAY TWICE PER WEEK: WEDNESDAY AT 5:00 P.M. AND SATURDAY AT 10:00 A.M.**

**10 - 12 YEAR OLDS - TEAMS PLAY TUESDAYS and THURSDAYS at 5:00pm and 6:00 pm**

**AMPLE SPACE FOR PARENTS AND FAMILIES TO WATCH YOUR CHILDREN**

Visit us on the Web at [www.sukeearena.org](http://www.sukeearena.org)



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**\*\*\*\*\*SPECIAL\*\*\*\*\*5 WEEK SESSION\*\*\*\*\***  
**4 - 6 YEAR OLDS**  
**JUST \$39.00 !!!**

**7 - 12 YEAR OLDS**  
**ONLY \$59.00 PER PLAYER!!!**  
**SIGN UP NOW, ENROLLMENT IS LIMITED!!!**

Parent(s) Name: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

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

(Confirmation of registration will be sent via email)

Player Registering:

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_



Payment type:

Check: \_\_\_\_\_ Please make checks payable to Sukee Arena

Visa/MasterCard Exp. Date: \_\_\_\_\_ Amt: \_\_\_\_\_

Visa\MasterCard# \_\_\_\_\_

Name on Card \_\_\_\_\_

Mail to:

Sandy McCabe, Sukee Arena, P.O. Box 8036, Winslow, ME 04901

Would you be willing to be a volunteer coach? Yes \_\_\_\_\_