

2009



2010

YOUTH HOCKEY CLINIC SERIES

Special Appearance by Sean Avery

AT PLAYLAND ICE CASINO
RYE, NY

WEDNESDAY, NOVEMBER 18, 2009



\$99/PLAYER

FULL EQUIPMENT REQUIRED
THE CLINIC INCLUDES:

80 MINUTES OF ICE TIME • PROFESSIONAL HOCKEY INSTRUCTION
HIGH TEMPO DRILLS & STATIONS • RANGERS PRACTICE JERSEY

REGISTER TODAY! SPACE IS LIMITED!

CALL (212) 465 - 6553 OR visit newyorkrangers.com

FIRST-COME, FIRST-SERVED BASIS.

09-10 YOUTH HOCKEY CLINIC SERIES
 November 18 at Playland Ice Casino (Rye, NY)

FOR OFFICE USE

Please EMAIL or FAX completed form.

ID#



newyorkrangers.com

YOUTH HOCKEY CLINIC SERIES DETAILS

DATE & TIME: WEDNESDAY, NOVEMBER 18, 2009 ○ AGES 7-10 FROM 6:00PM - 7:20PM ○ AGES 11-14 FROM 7:40PM - 9:00PM Check your session choice	LOCATION: Playland Ice Casino Playland Parkway, Rye, NY	COST & BENEFITS: \$99.00 includes: Rangers Practice Jersey 80 minutes of ice-time ** PARTICIPANT MUST HAVE FULL HOCKEY EQUIPMENT **
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PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH MM/DD/YY	GENDER
ADDRESS		CITY	STATE
PARENT/GUARDIAN NAME		RELATIONSHIP TO PLAYER	CELL PHONE
HOME PHONE	WORK PHONE	EMAIL	EMERGENCY CONTACT / RELATIONSHIP TO PLAYER
EMERGENCY CONTACT PHONE NUMBER		EMERGENCY CONTACT PHONE NUMBER	

TEAM AFFILIATION & HOCKEY INFORMATION

CURRENT TEAM	POSITION	JERSEY SIZE:
LEAGUE	TEAM DIVISION (I.E. HOUSE, TIER II TRAVEL)	TEAM AGE DIVISION (I.E. MITE)
HOME RINK AND LOCATION		

TERMS & CONDITIONS

Registration forms will only be accepted with a valid credit card number. Payment AMOUNT \$99.00 PAYMENT TYPE (CHECK ONE) VISA M/C AMEX DISCOVER CREDIT CARD OR CHECK NUMBER / EXP. DATE NAME ON CARD / CHECK CARDHOLDER SIGNATURE

I represent and warrant that I am the parent or legal guardian of the child for whom this application has been completed, and I further represent and warrant that I have the legal authority to request participation on behalf of this child. I would like to request that my son/daughter participate in the Youth Hockey Clinic hosted at Playland Ice Casino on November 18, 2009 during the select session I chose above. All payments are final and refunds cannot be granted. Registrations will not be accepted after Tuesday, November 17 at 10:00 AM EST. I acknowledge that I have read through the registration procedures and refund policies. I understand that due to limited space, submission of this application does not guarantee acceptance into the program. In such cases that an application is not accepted due to lack of space, the application fee will be refunded in its entirety without penalty. I further understand that with this application, I will be required to complete an Acknowledgment and Release form which must be submitted to the New York Rangers prior to participating in clinic. If I fail to agree to the terms and conditions in the waiver and release, I will not be allowed to participate in the clinic. All attendees participating in on-ice activities must bring their own complete set of ice hockey equipment.

PARENT/GUARDIAN SIGNATURE DATE