

EM ICE
& THE SAN FRANCISCO SABERCATS
ARE PROUD TO PRESENT...



THE 1ST ANNUAL "DEFENSE FIRST" YOUTH
HOCKEY CLINIC JUST FOR DEFENSEMEN

JUNE 6, 7, AND 8, 2008

FOR ONLY \$195.00 YOU CAN EXPERIENCE THE BAY AREA'S ONLY CLINIC
DESIGNED SPECIFICALLY TO ENHANCE DEFENSEMEN AND DEFENSIVE PLAY!

Date	Off-Ice	On-Ice
June 6		7:30 – 8:45 pm
June 7	3:30-5:00pm	5:45 – 7:45 pm
June 8	9:00-10:00am	10:30 -12:30 pm

Contact Emery Lykins: 510-593-5393 emery@em-ice.com or Darisa Watson: 925-998-3929 darisa@em-ice.com with questions.

Also visit our website for more information on this and upcoming clinics www.em-ice.com

Registration Form and Fee Due: June 4, 2008

Name: _____ Age: _____

Parent Name: _____ Contact #: _____

Email: _____

Mailing Address: _____

Credit Card: VISA MasterCard Amex Discover Exp Date: ____ / ____

Card #: _____

Name on Card: _____ CRC# (3-digit security code on back of card): _____

Address associated with card if different from above: _____

or...

Mail checks payable to: EM ICE and mail to: PO Box 271024 CONCORD, CA 94527

By signing this entry, the team contact on behalf of his/her team or an individual player and/or dependent or a parent representing a player: Releases the executives, organizing officials and volunteers of EMICE from all liability, in any injury or accident which may be incurred by a player, team official or spectator while participating in or traveling to or from the Clinic. Players and their families/parents fully understand they will not receive a refund if the player withdraws from the clinic for any reason including injury.

Printed Name: _____

Signature: _____

Date: _____