

# The Ultimate Hockey Summer

**CIRCLE DESIRED PROGRAMS:**

<p><b><u>Spring Skills and 3 on 3</u></b> 5 Weeks 10 total On and Off Ice skills and games Sessions - Tuesdays and Thursdays</p> <p><b>April 17 to May 17 - \$175</b></p>	<p><b><u>Total Hockey Basics</u></b> On and Off Ice Program for Beginners</p> <p><b>May Session - May 2 - 23 - \$100</b> <i>Wednesdays</i></p> <p><b>June Session - June 18 - 27 - \$125</b> Mondays and Wednesdays</p> <p><b>Both Sessions - \$200</b></p>	<p><b><u>Spring Skills and Drills</u></b> On-Ice Skating and Skills Wednesdays @ 4:15 PM</p> <p><b>May 2 to June 6 - \$150</b></p> <hr/> <p><b><u>Unlimited Flex Training</u></b> INCLUDES OPEN HOCKEY AT CAPITOL ICE</p> <p><b>May to August - \$200</b></p>
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**Commitment to Excellence Program**  
*SPEED \* STRENGTH \* SKILL*

Elite strength training, on-ice skill development, off-ice skill development, and next level preparation for HS, Junior, College, and Pro players

Session I - April 9 - 26  
Session II - April 30 to May 25  
Session III - June 4 to 28  
Session IV - July 9 to 25  
Session IV - August 6 to 23

**April to August - \$1500** - see website for more details

**Youth CEP**

Session I - April 17 - May 24 - \$225  
6 Weeks

Session II - June 11 - 28 - \$250  
3 Weeks

Session III - July 16 - 26 - \$150  
2 Weeks

Session IV - August - 6 - 23 - \$250  
3 Weeks

**All Sessions - \$800**

Bringing SPEED \* STRENGTH \* SKILL to all ages squirt and up. All sessions include 2 on-ice, 2 off-ice motorskill development sessions per week, as well as Unlimited Flex Training for the whole month

**Suter's Summer Camp - Defense, Shooting, and Stickhandling**

**Session I - July 9 - 13**  
Squirt/PW

**Session II - July 30 - August 3**  
PW/BTM/HS

**Session III - August 6 - 10**  
Mite/Squirt

**Sessions \$350 Each - Add Powerskating for \$150**

For more information about any of the programs go to [www.totalhockeymadison.com](http://www.totalhockeymadison.com) or call 608.824.9447

<p><b>To register</b>, circle desired programs, fill out the form below and mail with payment (checks payable to Total Hockey of Madison) to:</p>	<p>Total Hockey of Madison Attn: Registration 2500 Pleasant View Road - Suite #104 Middleton, WI 53562</p>
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Age Level (please circle one):                      Mite                      Squirt                      PeeWee                      Bantam                      HS

Total Cost for Programs Chosen:

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Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

The following waiver must be signed by a parent/guardian of the registrant:  
I hereby give consent for my child, \_\_\_\_\_ to participate in any Total Hockey Program between April 1 - August 31, 2012; and release Total Hockey of Madison and Ice Arena Attendants from any and all liability arising from injuries which may be sustained by my child while participating in said program. I authorize any coach, manager, or member of Total Hockey Program to provide necessary medical treatments by a physician for my child if I am not present to give consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_