

STRONG SUMMER HOCKEY CAMP ***at the Webster Ice Arena***

August 2nd – August 7th

BY STRONG HOCKEY

Skate Faster... Shoot Harder... Improve Your Game!

One Full Week of Skills Improvement!

INSTRUCTED BY JIM ARMSTRONG AND A TERRIFIC STAFF



- 2.5 HOURS On-Ice Per day, 1 hour on Sunday the 2nd
- 13.5 hours total
- 1 hour of Skating Fundamentals
40 minutes of Puck Skills
40 minutes of PUCK SKILLS/TEAM
- 5 INSTRUCTORS ON-ICE per session, 1 Instructor for every 7 Skaters
- A full-time GOALIE INSTRUCTOR/
Mike Cimino
- A limit of 28 skaters and 4 Goalies
- A Friday Full-ice Scrimmage with Clock

***** Each Age Group Will be Divided Up According to Age and Ability for Competitive Drills and Scrimmages. 3 Groups total within each age group.**

**** The Arena will have Social Distancing Guidelines in affect which I will send to you. For the Strong Staff: Wearing masks when helping with dressing skaters. Emphasizing bringing your own water bottle. Washing hands right after each session, more to come.**

AGENDA

GROUP 1 • AGES 6 - 8

Sunday August 2nd

1:00 - 2:00 First On-ice Session

Monday – Friday, August 3rd – 7th

8:30 - 11:00 a.m. On-Ice Sessions

Group 2 • AGES 9 + 10

Sunday August 2nd

2:30 – 3:30 First On-ice Session

Monday – Friday, August 3rd – 7th

11:30 - 2:00 On-Ice Sessions

Group 3 • Ages 11 - 14

Sunday August 2nd

4:00 – 5:00

Monday – Friday, August 3rd – 7th

2:30 - 5:00 On-Ice Sessions

Cost: \$220, For 2 from the same family \$415

TO REGISTER

- 1) Please fill out registration below and return.
- 2) Enclose a check for \$220, payable to Strong Hockey. For 2 from the same family is \$415.

Send to: Jim Armstrong, Strong Hockey Camp
1370 New Seabury Lane, Victor, NY 14564

QUESTIONS: e-mail Jim at: JTARM@Frontiernet.net

We suggest that you REGISTER EARLY as each group will have a maximum of 28 skaters and 4 goalies only.

Please enroll my skater for The Strong Summer Hockey Camp in Webster.

Please Check Group 1, Ages 6 - 8 Group 2, Ages 9 + 10 Group 3, Ages 11 - 14

Name of Skater _____

Address _____

DOB _____

Parent Names _____

Goalie: Y N (circle one)

Phone _____

E-mail _____

Person to contact during camp days in case of emergency.
(Include telephone number.) _____

“Cole had a great week at camp. Thanks to you and your staff for be teachers of the game. We have been to camps where kids have been run through drills and skated around cones. Yours was different, the repetition and teaching of skills was awesome. We saw improvement after the first day and were blown away with his progress after the week. First Class Camp”!! Brian

www.stronghockey.com