



# "Making of a Royal"



Pre-Tryout Tune Up Clinics At Superior Ice Rink  
Unless noted otherwise.

Get ready for upcoming 2018-2019 tryouts.

Open to ALL players. No permission needed for Rebels or Hawks players.

All other players must have permission from current organization in order to skate at clinics.

### 8U (10, 11, 12, 13 Birth Years)

Tuesday, 3/20 6:10pm  
Thursday, 3/22 6:10pm

### 10U (2009, 2008 Birth Years)

Tuesday, 3/20 7:20pm—08  
Wednesday, 3/21 6:10pm—09  
Wednesday, 3/21 7:20pm—08  
Thursday, 3/22 7:20pm—09

### 12U (2007, 2006 Birth Years)

Tuesday, 3/20 8:30pm—06  
Wednesday, 3/21 8:30pm—06  
Thursday, 3/22 8:30pm—07  
Saturday 3/24 2:45pm—07

### 14U (2005, 2004 Birth Years)

Tuesday, 4/3 6:10pm—05  
Tuesday, 4/3 7:20pm—04  
Wednesday, 4/4 6:10pm—05  
Wednesday, 4/4 7:20pm—04  
Thursday, 4/5 6:10pm—05  
Thursday, 4/5 7:20pm—04  
Monday, 4/9 7:15pm—05 @Dix Hills  
Monday, 4/9 8:25pm—04 @Dix Hills  
Tuesday, 4/10 8:30pm—05  
Tuesday, 4/10 6:30pm—04 @Dix Hills  
~~Wednesday, 4/11 8:30pm—04|05~~

### 15U | 16U (2003, 2002 Birth Years)

Tuesday, 4/3 8:30pm—02  
Tuesday, 4/3 7:20pm—03@Dix Hills  
Wednesday, 4/4 8:30pm—02  
Wednesday, 4/4 8:35pm—03@Dix Hills  
Thursday, 4/5 8:30pm—03  
Thursday, 4/5 9:40pm—02  
Monday, 4/9 9:35pm—03 @Dix Hills  
Tuesday, 4/10 8:30pm—02 @Dix Hills  
~~Wednesday, 4/11 8:35pm—03|02 @Dix Hills~~

**COST: \$30 Per Clinic**

Cash or checks only

For more information contact Steve Rizer;

SteveR@SuperiorIceRink.com

631-269-3900



Application/Registration Form

Send application to: Superior Ice Rink, 270 Indian Head Road, Kings Park, NY 11754 – 631-269-3900

Check One: 8U \_\_\_\_\_ 10U \_\_\_\_\_ 12U \_\_\_\_\_ 14U \_\_\_\_\_ 15/16U \_\_\_\_\_

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Age \_\_\_\_\_

Previous Team \_\_\_\_\_

Do you have a Release? \_\_\_\_\_

EACH PLAYER MUST BE COVERED BY THEIR OWN MEDICAL INSURANCE AND MUST USA HOCKEY REGISTRATION

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

Print Parent Name: \_\_\_\_\_