



"Making of a Royal"

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



Get ready for upcoming 2020-2021 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 (12, 13, 14, 15 Birth Years)

Saturday, 3/14 4:15 PM
Tuesday, 3/17 6:10 PM
Wednesday, 3/18 6:10 PM

10U (2010, 2011 Birth Years)

Saturday, 3/14 6:00 PM
Tuesday, 3/17 7:20 PM
Wednesday, 3/18 7:20 PM

12U (2008, 2009 Birth Years)

Tuesday, 3/17 8:30 PM
Saturday, 3/21 6:00 PM

14U (2006, 2007 Birth Years)

Monday, 3/16 7:20 PM—06
Wednesday, 3/18 8:30 PM—06
Monday, 3/23 7:20 PM—07
Thursday, 3/26 8:30 PM - 07
Saturday, 3/28 10:50 AM—06
Saturday, 3/28 5:45 PM - 07
Tuesday, 3/31 6:10 PM—06
Thursday, 4/2 6:10 PM—07
Thursday, 4/2 7:20 PM—06

Tuesday, 4/14 7:20 PM—06/07
Thursday, 4/16 6:15 PM—06/07

15U | 16U (2005, 2004 Birth Years)

Thursday, 3/19 8:00 PM—05
Thursday, 3/19 9:00 PM—04
Saturday, 3/21 8:40 PM—04
Thursday, 3/26 9:40 PM—05
Saturday, 3/28 7:10 PM—05
Saturday, 3/28 8:40 PM—04
Tuesday, 3/31 7:20 PM—05
Tuesday, 3/31 8:30 PM—04
Thursday, 4/2 8:30 PM—05
Thursday, 4/2 9:40 PM—04

Tuesday, 4/14 8:30 PM—05/04
Thursday, 4/16 8:00 PM—05/04

COST: \$40 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 _____ 15U _____ 16U _____ 18U _____

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: _____