



123 Glenwood Avenue Bridgeport, CT  
203-576-8118  
www.Wonderlandofice.com

# HOCKEY SKILLS FOR GIRLS!!!

*2018 Spring Session*

*Presented By:*

## Chris Avena & Billy Garfield

Hockey Coaches with 20 Years of Experience Teaching Young Players  
What the Game of Ice Hockey is Really All About!



KennyK.com © Kenny Avena

**ALL AGE & SKILL LEVELS ARE WELCOME**

**WE WILL IMPROVE YOUR:**

- \*STICK HANDLING
- \*SHOOTING
- \*PASSING
- \*POWER SKATING: Speed,  
Transitions & Backward

**April 10<sup>th</sup> through June 12<sup>th</sup>, 2018 \*10 Weeks!**  
**Tuesdays: 6:30 to 7:45PM**  
**\$150**

**SPACE IS LIMITED**

**FOR MORE INFORMATION CALL (203)799-7200**



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the company's revenue streams. This includes sales from various product lines and services. The data shows a steady increase in revenue over the past year, which is attributed to market expansion and improved operational efficiency.

The third section focuses on the company's financial health and liquidity. It highlights the strong cash flow and the ability to meet all financial obligations. The author also mentions the company's commitment to maintaining a low debt-to-equity ratio, which is a key indicator of financial stability.

Finally, the document concludes with a summary of the company's overall performance and future outlook. The author expresses confidence in the company's ability to continue its growth trajectory and achieve its long-term strategic goals.

Category	Q1	Q2	Q3	Q4	Total
Sales	1200	1350	1400	1500	5450
Expenses	800	850	900	950	3500
Profit	400	500	500	550	1950
Assets	2000	2100	2200	2300	8600
Liabilities	1000	1050	1100	1150	4300
Equity	1000	1050	1100	1150	4300



Wonderland of Ice Girls Only SPRING 2018  
**Hockey Skills Clinic**

**NAME**

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**ADDRESS**

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**PHONE**

**DATE OF BIRTH**

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**EMERGENCY  
NAME & PHONE**

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**EMAIL ADDRESS**

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**PARENT'S NAMES**

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**TOTAL COST    \$150**

**\*ALL ACCOUNTS MUST BE PAID IN FULL WITH APPLICATION**

**PLEASE MAKE CHECK PAYABLE AND MAIL TO:**

**WONDERLAND OF ICE  
123 GLENWOOD AVENUE  
BRIDGEPORT, CT 06610**

**(203) 576-8118**

**RELEASE MUST BE SIGNED, OVER PLEASE →**



**WONDERLAND OF ICE HOCKEY SCHOOL**

**Girls Hockey Skills Clinic 2018**

**RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL  
TREATMENT OR MINORS TEMPORARILY SEPARATED FROM PARENTS OR  
GUARDIANS**

I, \_\_\_\_\_, wish to skate on and/or have my child,

\_\_\_\_\_ skate on ice made available for purchase by the  
Wonderland of Ice Associates, Incorporated through the Wonderland Hockey School and Greg  
Mondo. In consideration of the acceptance of this registration, I understand that by signing this  
form, I give up the right to sue the Wonderland of Ice Associates, Incorporated and Chris Avena,  
Billy Garfield or their shareholders for any claim including, but not limited to negligence for  
injuries or loss of property, which might occur to skating and/or non-skating participants during  
normal camp activities, inside or outside of the Wonderland of Ice facility.

I understand that ice skating and ice hockey are hazardous recreational activities and that I  
assume the risk of any injury, which may occur to me as a result of my participation in ice  
skating, both on and off the ice surface(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for  
treatment and care, any Wonderland of Ice arena official, who are of lawful age, for the purpose  
of authorizing and consenting to hospital emergency care and/or medical care or treatment, but  
not including elective treatment of the above named minor for any illness and/or injury incurred  
while I am away from the Wonderland of Ice arena or otherwise unable to give such consent. I  
understand that I am responsible for any and all costs and expenses for emergency care and/or  
medical care or treatment rendered to the above named minor and that I will be billed for these  
services directly by the doctor and/or hospital. This authorization shall remain in force for one  
year following enrollment, or until personally revoked in writing by the undersigned.

I also grant permission for the Wonderland of Ice to use images of my child in standard  
marketing and promotional materials.

**I understand that I am also signing a binding contract for the purchase of subscription ice  
time. No make-ups will be granted unless sessions are cancelled by the Wonderland of Ice.**

Signature of Parent \_\_\_\_\_

Print Name and Date \_\_\_\_\_