

STRONG SUMMER HOCKEY CAMP at LAKESHORE

July 29th - August 3rd

BY STRONG HOCKEY

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

One Full Week of Skills Improvement!

INSTRUCTED BY JIM ARMSTRONG AND A TERRIFIC STAFF

Our 3rd Year at Lakeshore and 19th total in Rochester!!



- 5.5 HOURS DAILY Total
- 3 hrs. ON-ICE PER DAY
- 16 hrs. OF TOTAL ICE TIME
- 1.5 hrs of POWER SKATING in am
- 1.5 hrs. of PUCK SKILLS/TEAM PLAY in pm
- 4 INSTRUCTORS ON-ICE per session
- A full-time GOALIE INSTRUCTOR/
Mike Cimino
- OFF-ICE SPORT COURT FUN
- LUNCH & FUN VIDEO TOO!
- A maximum of 32 skaters per Age Group

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

Weekly Agenda

GROUP 1 • AGES 6 - 9

Sunday July 29th

1:00 - 1:30 p.m. Registration
1:45 Meeting between Parents + Jim Armstrong
2:00 – 3:00 1st On-Ice Session

Monday – Friday, July 30st – Aug. 3rd

8:30 - 10:00 a.m. 1st On-Ice Session
10:10 – 11:10 Sport Court Fun
11:10 – 12:10 Lunch, fun video
12:30 - 2:00 p.m. 2nd On-Ice Session

Group 2 • AGES 10 - 13

Sunday July 29th

2:00 - 2:30 p.m. Registration
2:45 Meeting between Parents + Jim Armstrong
3:00 – 4:00 1st On-Ice Session

Monday – Friday, July 30th – Aug. 3rd

10:00 - 11:30 1st On-Ice Session
11:40 - 12:40 Sport Court Fun
12:40 - 1:40 Lunch, fun video
2:00 - 3:30 p.m. 2nd On-Ice Session

TO REGISTER

- 1) Please fill out registration below and return.
- 2) Enclose a check for \$260, payable to Strong Hockey. For 2 from the same family the cost is \$480.

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 32 skaters and 4 goalies only. As always, we will fill up. First come, first served.

For more info: www.stronghockey.com

Please enroll my skater for The Strong Summer Hockey Camp. Please Check

Group 1, Ages 6-9 Group 2, Ages 10-13

Name of Skater _____

Address _____

DOB _____

Parent(s) Name _____

Goalie: Y N (circle one)

Phone _____

E-mail _____

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

“Thanks for all the Great work that you do at camp. It is obvious at first glance that your staff is well organized and hands-ons. The kids are getting great instruction and having fun playing! hockey!”

Jacques

www.stronghockey.com