



AUGUST 14-18, 2023

FOR AGES 6-15



GRIFFINS YOUTH HOCKEY CAMP

IN HOLLAND

INSTRUCTORS



Griffins Assistant Coach
Brian Lashoff



Griffins Right Wing
Dominik Shine

PART-TIME INSTRUCTOR



Former Griffins Assistant Coach
Mike Knuble

INSTRUCTION

Skating - "Your Foundation"
Stride development
Stick handling
Balance & proper form
Forward & backward strides

Shooting & passing
Explosive starts & stops
Cross-overs
Tight turning
Flow drills

- 12.5 hours of ice time
- Locker room provided to leave equipment for the week
- Separate groups by age and skill level
- Lunches provided by popular local eateries:
(McDonald's, Chick-Fil-A, Buffalo Wild Wings, Little Caesars, Arby's)

CAMP FORMAT

10:00 - 11:15 a.m.
11:30 a.m. - 12:30 p.m.
12:45 - 2:00 p.m.
AM On-Ice Sessions
PM On-Ice Sessions
Friday Afternoon

On-Ice
Lunch
On-Ice
Power Skating
Sessions Skills
BIG Game for the Stanley Cone

**\$350
PER CHILD**

Includes camp jersey,
hat, and
daily lunch



CENTENNIAL SECURITIES

Investments & Advice



FOX MOTORS *Only the Best.*





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LUNCHES PROVIDED BY:



LEARN HOCKEY & SPORTSMANSHIP

HAVE FUN

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

PREFERRED POSITION: (circle one) Forward Defense Goalie

GENDER: M F AGE (at time of camp): _____

JERSEY SIZE: YM Y-L / XL AS AM AL AXL

CHECKS SHOULD BE MADE PAYABLE TO:

GRAND RAPIDS GRIFFINS | Camp Fee: \$350 per child

MAIL REGISTRATION FORM & CHECK TO:

Grand Rapids Griffins Youth Hockey Camp
130 West Fulton, Suite 111, Grand Rapids, MI 49503

QUESTIONS?

Contact Bob Kaser at 616.774.4585 ext. 3027 or Kelly Pawlak ext. 3025

LIABILITY WAIVER:

The Participant or his or her legal guardian agrees The Grand Rapids Griffins, DP Fox Sports & Entertainment and Griff's IceHouse will not be liable for any accident or loss, however caused, and agrees to release the Proprietors and/or Skating Rink from any and all damages which may occur as a result of any such accident or loss.

Signature of Parent or Guardian: _____

Date: _____