

**The Bridgewater
Ice Arena Presents
2010-2011**

Mighty Bandits

**For Boys & Girls
Birth Years '05, '04, '03 & '02
A Learn to Play Hockey
Program**

September 8, 2010 - March 1, 2011
24 Week Season

Players Advance within a
Series of Progressions
Based on Fundamental Development

(3) 1 Hour Skates per Week

Monday, Wednesday & Friday at 5pm

Monday & Wednesday
Skills and Skating Sessions
With European Style Station Drills

Friday "Cross Ice" Games
Insure more Touches of the Puck

Equal Time & Ability
Assures a Positive & Fun Experience

Qualified Professional Coaches with Over
100 Years of Combined Experience

Todd Stirling, Hub City Hockey
Dennis Chighisola, New England Hockey Institute
Scott Drevitch, Play Like A Pro
John Mucko, Professional Skaters Association

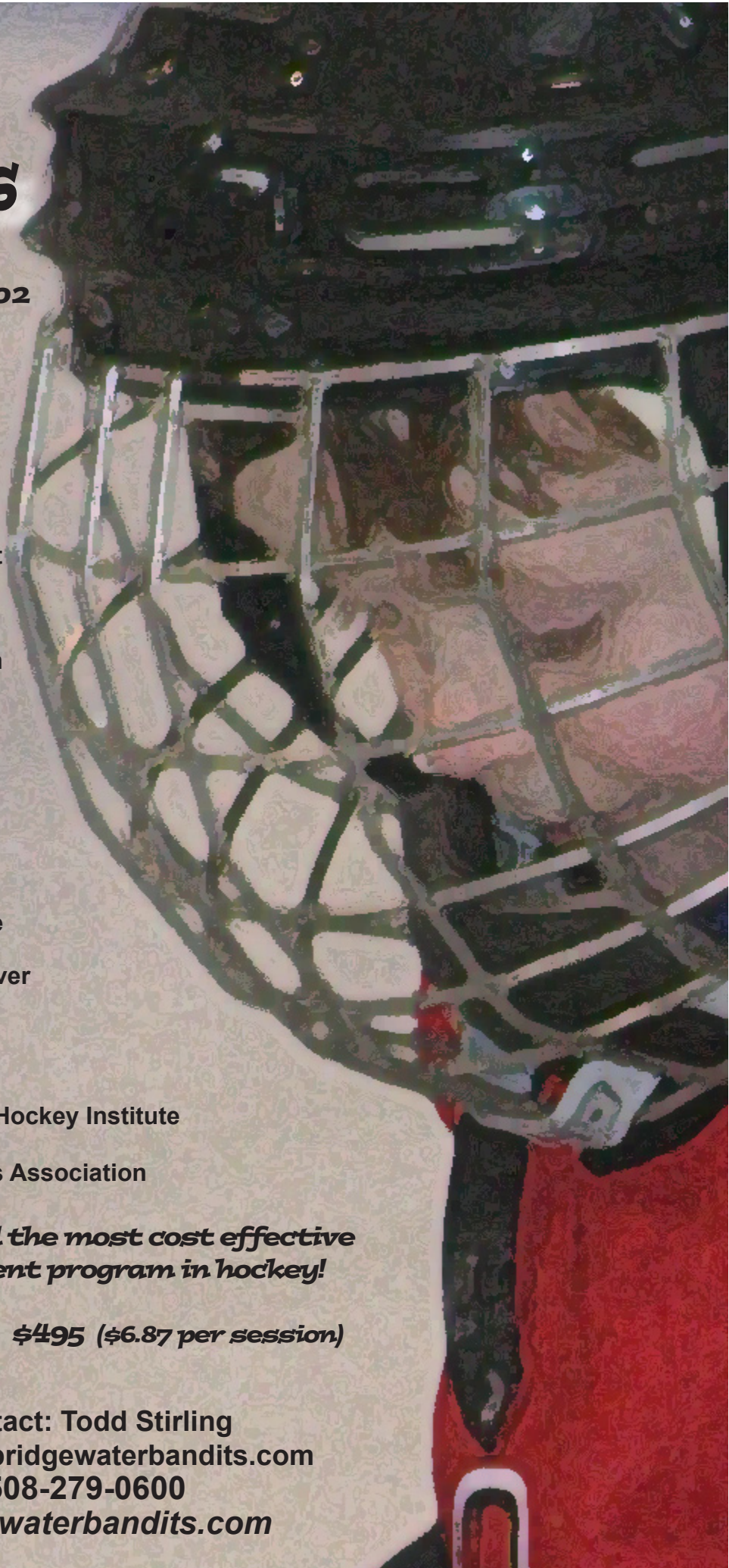


***Guaranteed the most cost effective
development program in hockey!***

Only ~~\$695~~ \$495 (\$6.87 per session)



Contact: Todd Stirling
tstirling@bridgewaterbandits.com
508-279-0600
bridgewaterbandits.com



Mighty Bandits Development Program

2010-2011 Season for Boys & Girls Birth Years: 2005, 2004, 2003 & 2002

September 8, 2010 through March 1, 2011 (24 weeks)

Only ~~\$695~~ \$495 (\$6.87 per session)

Contact: Todd Stirling @ 508-279-0600 x 111 or tstirling@bridgewaterbandits.com

Registration-Ongoing & First Come First Serve

Deposit of \$100 is required to hold a spot.

PLAYER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LAST TEAM OR LEVEL PLAYED: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

POSITION: _____ RW _____ LW _____ C _____ D _____ G

Payment refund insurance is available at an additional \$35. Enrollment is limited and sales are considered final. This insurance must be purchased at the time of registration and the \$35 will not be included in any reimbursement. Refunds will not be afforded without the purchase of such insurance. (Insurance is optional, but recommended.)

AMOUNT PAID: _____ + (OPTIONAL REFUND INSURANCE) \$35 TOTAL: _____

SELECT PAYMENT METHOD: _____ CASH _____ CHECK NUMBER _____ CREDIT CARD

PLEASE MAKE CHECKS PAYABLE TO: BRIDGEWATER ICE ARENA, PO BOX 336, BRIDGEWATER, MA 02324

IF APPLICABLE CREDIT CARD NUMBER: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EXPIRATION DATE: _____ SIGNATURE: _____

RELEASE OF LIABILITY/ACKNOWLEDGMENT OF RISK:

Upon entering events sponsored by the Bridgewater Ice Arena, LLC, I/We understand and appreciate that participation or observation of the sport of hockey constitutes a risk to me /us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release the Bridgewater Ice Arena, LLC and the Eastern Hockey Federation, their affiliates, their sponsors, event organizers and officials from any liability therefore.

MOTHER/GUARDIAN PRINT NAME: _____ DATE: _____

MOTHER/GUARDIAN SIGNATURE: _____

FATHER/GUARDIAN PRINT NAME: _____ DATE: _____

FATHER/GUARDIAN SIGNATURE: _____