



ATOM &  
PEEWEE

EAST HANTS ARENA  
AUGUST 21-25, 2017

## Daily Instruction:

3 hours on-ice position specific development

1 hour off-ice on "The Art of Shooting the Puck"

Atom Hours 8 AM to 12:30 PM

Pee wee Hours 8:30 AM to 2 PM

**Developing  
'Time & Space' on the ice  
will change their game!**

'Time and Space' will be introduced through puck handling, shooting, foot speed development, dekes & fakes, face offs and how to control the play with and without the puck.

## Elite Instruction:

**On-Ice:** \_\_\_\_\_

**Donald MacLean**

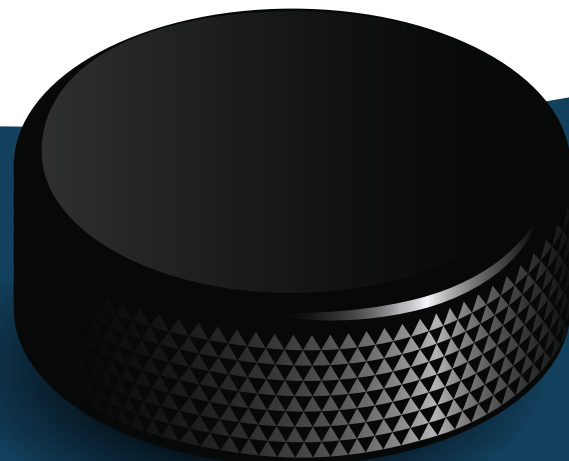
- 14 years in NHL & 5 years in European leagues
- Former AHL scoring leader
- Coached in KHL, Europe and OHL

**Off-Ice/On-Ice:** \_\_\_\_\_

**Greg Gravel**

- Program director "The True Hockey Program"
- OHL, NHL, Europe, AUAA All Star, Olympic program
- CIAU All Canadian / All Star

(902) 818-5045  
[dmacleanhockey@gmail.com](mailto:dmacleanhockey@gmail.com)  
[DonaldMacLeanHockey.ca](http://DonaldMacLeanHockey.ca)



## We will take your player to the next level!

**Pricing:** \$545.00 (HST Included)  
 Optional Power Skating \$115 (HST included)  
 Payable by cheque or e-mail transfer

### Contact information:

Website: [DonaldMacLeanHockey.ca](http://DonaldMacLeanHockey.ca)  
 E-Mail: [dmacleanhockey@gmail.com](mailto:dmacleanhockey@gmail.com)  
 Phone: (902) 818-5045



### Registration Form:

Please include fee / cheque for **\$545.00 (\$71.08 HST included)** with completed registration form, payable to **"Donald MacLean Hockey"** 24 Feather Lane, Enfield, NS, B2T 1G9 or pay by e-mail transfer at [dmacleanhockey@gmail.com](mailto:dmacleanhockey@gmail.com)

Guardian's name \_\_\_\_\_ or Team Contact \_\_\_\_\_

Player's name \_\_\_\_\_

Position played \_\_\_\_\_  Pee wee  Atom

Birthdate Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Team played for 2016 / 2017 \_\_\_\_\_ Level \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Health Card # \_\_\_\_\_

Physical handicaps / Medical conditions \_\_\_\_\_