

# THE TRUE HOCKEY PROGRAM

**PEEWEE TO  
MIDGET**  
(2000 - 2006)



**EAST HANTS ARENA**  
**AUGUST 21-25, 2017**

## Instructors:

### Off-Ice/On-Ice:

#### Greg Gravel

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

### On-Ice:

#### Craig Jenkins

- Founder – Excel Hockey / PEI
- Featured on Sports Net Tim Horton's Hockey Tips
- Skills development coach for high-level players NHL-1, AHL-4, AUS-1, Major Jr.-4

#### Dave Totten

- Founder – Girls Rule Hockey School
- 2014 Top 100 Unsung Hockey Heros – TSN
- Volunteer Award for Dedication to Female Hockey

## Camp Offers:

### 8 hours of off-ice instruction

- 4 hours dedicated to "The Art of Shooting The Puck"
- Training with the "H Puck"
- Shoot like the pros

### Elite instruction

- 15 hours of on-ice time
- Positional specific development

### Start Times

A - 2:00 PM to 7:30 PM

B - 3:30 PM to 9 PM



**(902) 488-4247**

**truehockey62@gmail.com**

**www.thetruehockeyprogram.ca**

**THIS PROGRAM WILL MAKE HER A BETTER PLAYER**

## DEVELOPING THE COMPLETE HOCKEY PLAYER ELEVATE YOUR GAME!

- Time and space development
- Specific shooting and puck-handling instruction
- Positional specific training
- Controlling the play with and without the puck

**Pricing:** \$545.00 (HST Included)  
Payable by cheque or e-mail transfer

**Contact information:**

E-Mail: truehockey62@gmail.com

Phone: (902) 488-4247

Website: thetruehockeyprogram.ca



### Registration Form:

Please include fee / cheque for **\$545.00 (\$71.08 HST included)** with completed registration form, payable to **"The True Hockey Program"** 5 Cummings Drive, Fall River, NS, B2T 1E7 or pay by e-mail transfer at truehockey62@gmail.com

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

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

Position played \_\_\_\_\_  PeeWee  Bantam  Midget

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 \_\_\_\_\_