



NEW JERSEY DEVILS YOUTH HOCKEY CLUB

Richard Codey Arena at South Mountain
 560 Northfield Avenue • West Orange, NJ 07052 • 973-731-7177
www.devilsyouth.com

2010 SPRING PRE-CONDITIONING CLINICS SCHEDULE & REGISTRATION FORM

Our Past Accomplishments

- 1980 Junior B USA Hockey National Championships
- 1985, 1986, 2001 Bantam Tier I 14-and-under Champions
- 1998 Bantam Tier I 14-and-under Silver Medalists
- 2001 Midget Tier I 17-and-under Bronze Medalists
- 2002 Pee Wee Tier I 12-and-under Champions
- 2003 Bantam Tier I 14-and-under Bronze Medalists
- 2006 Midget Tier I 16-and-under Silver Medalists
- 2007 Midget Tier 1 16-and-under Bronze Medalists
- 2008 Midget Tier I 16-and-under Atlantic District Champions
- 2008 Bantam Tier I 14-and-under Atlantic District Champions

Instructional Staff

- John DiNoria, Coaching Director
- Adam Diglio, Associate Director, Level Coordinator
- Steve Riley, Associate Director, Level Coordinator
- Tom Fogu, Goalie Instructor
- Jim Elia, Travel Team Coach
- Tom Van Doren, Travel Team Coach
- Pierre Pellatone, Travel Team Coach
- Charlie Crispino, Travel Team Coach, Former Wagner College Coach
- Alex Beatrice, Travel Team Coach, Morristown Beard Assistant Coach
- P.J. Scriffignano, Travel Team Coach
- Billy Gaul, Goalie Instructor

	MITES 2002 & Under	SQUIRTS 2000 & 2001	PEEWEEES 1998 & 1999	BANTAMS 1996 & 1997	MIDGETS 1992 - 1995
MON. 3/22	6:15 – 7:15 PM	7:30 – 8:30 PM			
TUES. 3/23			6:45 – 7:45 PM	8:00 – 9:00 PM	
WED. 3/24		6:00 – 7:00 PM			7:15 – 8:15 PM
FRI. 3/26			6:00 – 7:00 PM	7:15 – 8:15 PM	8:30 – 9:30 PM
MON. 3/29	6:15 – 7:15 PM	7:30 – 8:30 PM			
TUES. 3/30			6:45 – 7:45 PM	8:00 – 9:00 PM	
WED. 3/31		6:00 – 7:00 PM			7:15 – 8:15 PM
THURS. 4/1			6:00 – 7:00 PM	7:15 – 8:15 PM	
MON. 4/5	6:00 – 7:00 PM				

ALL NON-DEVIL PLAYERS MUST HAVE A RELEASE FROM THEIR ORGANIZATION IN ORDER TO PARTICIPATE AT ANY OF THE PRECONDITIONING CLINICS.

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2010 PRE-CONDITIONING CLINIC REGISTRATION FORM

Player Name _____ Birthdate _____

Street Address _____ Grade entering Sept. 09 _____

City _____ State _____ Zip Code _____

Home Phone _____ Parent(s) Names _____

Father's Cell _____ Father's Email _____

Mother's Cell _____ Mother's Email _____

2009-2010 Team Affiliation _____



ANY PLAYER THAT DID NOT SKATE WITH THE DEVILS YOUTH HOCKEY ORGANIZATION DURING THE 2009 – 2010 SEASON MUST PRESENT A COPY OF HIS OR HER USA HOCKEY INSURANCE CARD PRIOR TO THE FIRST CLINIC OR PAY A \$40 INSURANCE FEE.

Program Selection

- | | Price |
|---|-------|
| <input type="checkbox"/> Mite Preconditioning Clinic | \$75 |
| <input type="checkbox"/> Squirt Preconditioning Clinic | \$100 |
| <input type="checkbox"/> Pee Wee Preconditioning Clinic | \$100 |
| <input type="checkbox"/> Bantam Preconditioning Clinic | \$100 |
| <input type="checkbox"/> Midget Preconditioning Clinic | \$75 |

Total _____

- METHOD OF PAYMENT
- CASH
 CHECK
 VISA
 MASTERCARD
 DISCOVER

Credit Card Number

Expiration date

Name as appears on card

Security Code

Signature

FOR OFFICE USE ONLY			
DATE PAID	AMOUNT PAID	CHECK NO. OR APPROVAL NO.	