



2020 SPRING SKILLS HOCKEY PROGRAM

The Des Moines Oak Leafs once again are offering their Spring Skills program to provide players an opportunity to stay on the ice during the off-season and to maintain and improve their on-ice skills. We have 2 groups planned: Group #1 06-09 DOB and Group #2 05 and older players. Our goal is to attract players in the Des Moines area who may consider trying out for the Oak Leafs in future seasons.

Features: Fundamentals, Skills Development, Team Play, station work, and Sportsmanship will be focus. Sessions will include team and individual drills that are part of a standard Oak Leafs practice, along with shooting, checking, power skating, small-area games and scrimmages. Due to the structure of the practices planned we are going to limit the class size to the first 36 skaters and 4 goalies (paid) in each group.

On-ice activities will be directed by the Oakleaves coaching staff along with current and former players

Clinic details:

Group #1-2006-2009 Date of births

Group #2-2005 or older

Cost: \$175 (8 sessions + Practice jersey) Goalies \$100

Register as soon as possible, as mentioned above space is limited

Direct all questions to: Brian Hobbs bhobbs9018@msn.com

MAKE CHECKS PAYABLE TO: **Des Moines Oak Leafs**

PLEASE ENCLOSE FORM AND PAYMENT AND SEND TO:

Brian Hobbs-Oak Leafs, Treasurer-3911 Belair Drive-Urbandale, Iowa 50323

Des Moines Oak Leafs 2020 Spring Skills Registration- Jersey Size (Please circle): YL YXL AS AM AL AXL

Name: _____ Date of Birth _____

Team Played for Last Season: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

E-mail: _____

Parent/Guardian Name: _____

I certify that the above information is correct and that the individual listed above has my permission to participate in the Des Moines Oak Leafs Summer Skills program. I understand that neither the Des Moines Oak Leafs nor its agents and representatives will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The registrant is in good health and able to participate in the physical activity of a vigorous program.

Parent/Guardian Signature: _____ Date: _____

GROUP #1-06, 07, 08, 09 DOB	GROUP #2-05 and Older
Date/Time	Date/Time
Monday April 20-6:45-7:45 pm	Monday April 20-8:00-9:00 pm
Monday April 27-6:45-7:45 pm	Monday April 27-8:00-9:00 pm
Monday May 4-6:45-7:45 pm	Monday May 4-8:00-9:00 pm
Thursday May 7-5:30-6:30 pm	Thursday May 7-6:45-7:45 pm
Monday May 11-6:45-7:45 p m	Monday May 11-8:00-9:00 pm
Thursday May 14-5:30-6:30 pm	Thursday May 14 6:45-7:45pm
Monday May 18-6:45-7:45 pm	Monday May 18-8:00-9:00 pm
Tuesday May 19-5:30-6:30 pm	Tuesday May 19-6:45-7:45 pm

All sessions take place at Buccaneer arena