

SPECIALIZED GOALTENDERS WEEKEND



Learn from one of the NHL's best goalie coaches...

FEATURING MITCH KORN

NHL Nashville Predators Goalie Coach and
Director, Miami (Ohio) Summer Hockey School

Sponsored by Trenton Hockey Association



THE SCHOOL'S OBJECTIVE

Goaltending is more than just stopping pucks. This unique program will teach and drill the physical skills related to goaltending such as butterflies, half butterflies, angles, shuffles, transitions, down low plays, etc., along with the mental skills such as save selections, "reading the play," situation analysis, and puck tracking. Each participant receives Mitch Korn's Goalie CD Manual, **FREE!!**



FORMAT AND SCHEDULE

Mitch's special style of humor, discipline, coaching, and attention to details has year after year held the attention of all ages from 9 thru adult. Four on ice sessions (approx. 8 hours total) and three classroom sessions (4 hours total) pack 12 hours of instruction and practice into one weekend. Each goalie has the key elements of his/her technique video taped and reviewed by Mitch.

SCHEDULE

Friday, August 28, 2009		Saturday, August 29, 2009		Sunday, August 30, 2009	
6:15 p.m.	Check In	10:00-11:50 a.m.	On Ice	10:30-11:30 a.m.	Classroom
7:00-8:50 p.m.	On Ice	12:00-1:00 p.m.	Lunch (bring or buy)	12:00-1:50 p.m.	On Ice
9:10-10p.m.	Classroom	1:00-3:00 p.m.	Classroom	2:00 p.m.	Awards/Manuals
		3:30-5:20 p.m.	On Ice	2:30 p.m.	School's Over

All sessions will be held at Trenton's Kennedy Arena. The program is open to ages 9 through adult. Space is limited to 28 goaltenders. All goaltenders must supply their own equipment and be fully and properly dressed at all on ice sessions.

Clinic Coordinator: Rick Desana..... (810) 423-1591 (call for all enrollment info)

School Director: Mitch Korn..... Cell: (513) 226-4332

FEE: \$175.00

Make checks payable to: Trenton Hockey Association

Mail to: Rick Desana, Mitch Korn Goalie School, 2530 Medford, Trenton, MI 48183

APPLICATION

NAME _____ D.O.B. ____/____/____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ TELEPHONE (DAY) _____ EVENING _____

THE PROGRAM FEE OF \$175 MUST ACCOMPANY THIS APPLICATION

ACCIDENT RELEASE

I (we), the parent(s) of _____ do hereby release the Specialized Goaltender's School, the Trenton Hockey Association, director, coordinator, instructors and volunteers from all possible claims, obligations or responsibility for personal property losses, accidents or injuries of any kind occurring while my child is participating in the program. As a parent, I am aware of the dangers and risks of ice hockey and playing and training for the goaltending position.

DATE

PRINT NAME OF PARENT

SIGNATURE OF PARENT