



www.kentvalleyhockey.com



Kent Valley Selects U12 (2005-06) Team

Kent Valley Hockey Association is pleased to announce its U12 Selects Team for the 2017-2018 season. With over 200 hours of ice time last year, the U12 Selects program provided the most ice time of any comparable program and is a must for birth year 2005 & 2006 players seeking maximum development and for those that have plans to play hockey at a higher level in the future. Our goal is to establish Washington States best hockey development environment for players in their 2005-06 birth years. Our enhanced development program will offer:

- Top Professional Coaching
- 3-4 weekly team practices and skill development
- Power skating instruction
- Goaltender instruction
- 2-3 supervised weekly dryland training sessions
- All on-ice and off-ice training at the Kent Valley Ice Centre
- Weekly Video Analysis

The U12 Selects Team anticipates a minimum of 35-40 game schedule and will attend several tournaments and showcases, while simultaneously seeking competition in Washington and in British Columbia. Tryouts have been set for **June 24th-25th**. Tryouts are open to all players **born in 2005-06** and players need not be registered with KVHA to attend the weekend and learn more about the program.

To register for tryouts please complete the below information and return it to Kent Valley Hockey Association either via email addressed to Rena@kentvalleyicecentre.net, via FAX to 253-852-2932, or in person at the Kent Valley Ice Centre, ATTN Rena Sullivan Registrar. You may also call Rena directly and register over the phone with a credit card at 253-850-2400, ext. 101

NAME: _____ Birthdate ___/___/___ PHONE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ USA HOCKEY # (required) _____

POSITION _____ LAST TEAM _____ HEIGHT _____ WEIGHT _____

PARENT NAME(S) & EMAILS _____

TRYOUT FEE \$75.00 in advance (\$100 if paid day of tryout) - to Kent Valley Hockey Association
Please deliver with tryout form or contact Rena for payment options at 253-850-2400 ext. 101

Credit Card # _____ Expiration _____ CVV _____

Name on Card _____