



NEW ENGLAND Jr. HURRICANES Half Season U16 Tryout '94 '95

Top Shelf Hockey School is pleased to announce an open tryout for the 2010 half season team. The NE. Jr. Hurricanes will be participating in the Hub City Fall Midget Development League. Within each division, the teams will play a home and home series. The top 4 teams in each division will square off in a semi final/final format. The playoffs will be held at the Bridgewater Ice Arena on Saturday and Sunday, November 13 & 14, 2010. The league will include: [Bridgewater Bandits](#) ,[Global Selects](#), [NECDL](#), [Walpole Selects](#), [Bay State Breakers](#), [NE. Jr. Hurricanes](#), [RI Express](#), [Global Selects II](#) , [Team Harmon](#). **Team will be coached by NE. Jr. Hurricanes staff: Paul Sherbertes, John Danby, Tim Grace, Jon Moore**

Season will consist of two full ice practices per week (26 full ice) and 16-18 games plus tournament.

Team: 9 forwards 6 defense and 1 or 2 goaltenders Date: April 5th & 7th 7:30pm-9pm

Cost \$1050.00 per player. Must be paid in full by July 1 2010.

Team receives two full ice practices per week

Team Schedule consists of 16-18 games plus tournament

Tuition fees include: Game jersey, games socks , practice jersey, league & tournament fees

A Non Refundable deposit (for any reason) of \$ 525.00 will be required within 3 days after player has been chosen to secure roster spot. .

U16 team will participate in the Midget Hub Cup Tournament at Bridgewater Ice Arena June 18, 19, 20th. Three practices are included for Midget Hub Cup Tournament.

All tryouts, practices and home games will be at the Hyannis Youth and Community Center. The focus is to prepare players for their upcoming high school season. Tryouts will be held April 5th & 7th, 2010 at 7:30-9:00pm at the Hyannis Youth and Community Center, Bassett Lane, Hyannis, MA. Cost for tryouts will be \$65.00. For more information see registration form online at www.topshelfhockeyschool.com

Make check out to Top Shelf Hockey School. Mail to: Top Shelf Hockey School, P0 BOX 2756 Hyannis Ma 02601

Deposit Amount: \$ _____ Balance _____

Player Name: _____ Birth Year _____

School Level Last Played _____ Position _____

Address _____

Contact Numbers _____ / _____ / _____

Parents Name _____ email _____

RELEASE OF LIABILITY: I hereby release Hyannis Youth & Community Center and its owners as well as Top Shelf HockeySM School and NE Jr. Hurricanes instructors, and staff from any possible claims, liabilities, obligations, or responsibilities, and from any and all accidents or injuries, whether they be on the ice or off, hockey related or not, while I or my child participates in the program. I further certify as to my or my child's sound health of mind and body. I intend this instrument to take effect as a sealed instrument.

Signature (Parent/Guardian): _____ Date _____

TOP SHELF HOCKEY SCHOOL /NE Jr. Hurricanes U16 2010