



Masconomet Youth Hockey Association, Inc. • P.O. Box 336 • Middleton, MA 01949 •
www.mascohockey.com

Spring Challenge 2008

Masco Youth Hockey's Spring Challenge Hockey Program will meet on the following dates, at the following locations and times:

Sun	04/20/08	HAV South	2:25 PM	3:25 PM
Sat	04/26/08	Hat Trick	3:00 PM	3:50 PM
Sun	04/27/08	HAV South	2:25 PM	3:25 PM
Sun	05/04/08	HAV South	2:25 PM	3:25 PM
Sat	05/10/08	Hat Trick	3:00 PM	3:50 PM
Sat	05/17/08	Hat Trick	3:00 PM	3:50 PM
Sun	05/18/08	HAV South	2:25 PM	3:25 PM
Sun	06/01/08	HAV South	2:25 PM	3:25 PM
Sat	06/07/08	Hat Trick	3:00 PM	3:50 PM
Sun	06/08/08	HAV South	2:25 PM	3:25 PM



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The Spring Challenge program will continue to teach your child the fundamentals of hockey. This will include the proper way to hold a hockey stick, keeping the stick on the ice, stick handling of the puck, passing, and shooting, while continuing to build a solid skating foundation. The strongest emphasis though will be placed on *FUN*. Boys and girls ages four through eleven that reside in Boxford, Middleton, and Topsfield are eligible to participate. Due to the tremendous popularity of this program, there will only be a brief registration time. The program is limited to 75 participants and will be on a first come first serve basis. The Program starts April 20th and runs for 10 weeks. Sessions will be held at the Valley Forum Rinks off Route 125 in Haverhill and Middleton's Turbo Hockey facility (see schedule above)

Equipment requirements for the 2008 Spring Challenge

1. All participants must have an HECC approved full-face hockey helmet.
2. All participants must have an ice hockey stick (not a street hockey stick)
3. All participants must have sharp **HOCKEY** skates.

Equipment **STRONGLY** suggested for Spring Challenge

- Shin and elbow guards (soccer shin guards are acceptable but not recommended)
- Shoulder pads
- Hockey pants w/suspenders
- Groin area protector

For more information please email: al.rosenbaum@logicbay.com

-----Cut at line and return the lower portion-----

Child's Name: _____

Date of Birth: _____

Parents' Names: _____

Address: _____

Phone # _____

Email Address: _____

Please return this portion of the form with your payment of \$150.00 per child to:

MASCO YOUTH HOCKEY
C/O AL ROSENBAUM
97 NORTH STREET
TOPSFIELD, MA 01983

I would like to be an assistant on ice coach:

Parent's name: _____