

Get a head start on your competition before the upcoming hockey season.



Execute position specific skating drills, develop proper shooting technique and puck skills that are unique to your position.



Elevate your positional play and game awareness within a competitive and fun learning environment.



DAILY PROGRAM

9:30am - 10:45am On Ice Instruction

11:00am - 12:00pm Off Ice Training/Video

12:00pm Snack

12:30pm - 2:00pm On Ice Instruction

Players are asked to bring their own snack.

MEDICAL INFORMATION

All players must have their own health insurance.

CANCELLATION POLICY

Requests for cancellation must be made by contacting us at 413-687-2607. All monies paid, except for a \$50 administrative fee, will be refunded if the request is made at least two weeks prior to the start of the clinic. There will be no refunds for requests received within two weeks of the start of the clinic unless the request is accompanied by a documented medical reason. A \$20 surcharge will be applied for returned checks.



AUGUST 10 – 12, 2020

POSITION SPECIFIC HOCKEY CLINIC

**FORWARDS
DEFENSEMEN
GOALTENDERS**

AGES 11 to 15

AT

**OLYMPIA ICE CENTER
West Springfield, MA**

Website – nehf.net

PRESEASON POSITION CLINIC HIGHLIGHTS

- The Preseason Position Clinic is a three-day position specific clinic for forwards, defensemen and goaltenders ages 11 to 15.
- Our focus is to introduce, teach, and develop the details associated with each position in the game. Many players today have spent a great deal of time developing the fundamental skills needed to play hockey. The next step in their development is to learn and practice the specific skills and habits that will help them improve their performance in their respective position.
- Each day consists of . . .
 - Two hours and forty-five minutes of on-ice position specific training with the coaches.
 - One hour of off-ice training for hockey players that also includes video review of on-ice tactics and techniques in each position.

COACHES

LEN QUESNELLE

Assistant Coach, Boston University
Director, Preseason Position Clinic
Director, Western Mass Hockey School

- Scout, Detroit Red Wings (2013-2017)
- Asst. Coach, University of Massachusetts (2004-2013)
- Scout, Canadian National Men's Team (2004)
- Head Coach, Princeton University (2000-2004)
- Asst. Coach, Princeton University (1988-2000)
- Asst. Coach, Team USA, North American College Hockey Championship Series (1999)

BLAISE MACDONALD

Head Coach, Colby College

- Asst. Coach, University of Massachusetts (2011-12)
- Head Coach, UMass Lowell (2001-2011)
- Head Coach, Niagara University (1996-2001)
- Associate Head Coach, Boston University (1990-1996)
- NCAA Champions (1995)
- Asst. Coach, UMass Lowell (1988-1990)
- Asst. Coach, Princeton University (1987-88)
- Asst. Coach, Dartmouth College (1985-1987)

COACHES

CHRIS HALL

Assistant Coach, Merrimack College

- Asst. Coach, Colby College (2012-2018)
- Grad Assistant, University of Massachusetts (2010-2012)
- Goalie Coach, Amherst College (2010-2012)
- Student Asst. Coach, University of Notre Dame (2005-10)
- Goalie Coach, Preseason Position Clinic (2011-present)
- Coach, Minnesota Hockey Camps (2009-2013)

Current and former college hockey players from western MA and New England will assist with on and off ice instruction.

CLINIC INFORMATION

Players will receive a Preseason Position Clinic jersey at check in. Confirmation of enrollment will be emailed to you once we receive your completed application form. There are a limited number of spots available at each position. Registration for goaltenders, defensemen and forwards will be reserved on a first come, first serve basis. For further information, please visit our website nehf.net or call **413-687-2607**. You can also email us at quesnelle@nehf.net

TUITION - \$235.00

Applications must be accompanied by payment in full or a \$100.00 deposit. The remainder of the tuition is due by July 15th. Family discount rate is \$215.00 per player.

Please make checks payable to:
New England Hockey Factory

Mail completed application form and payment to:
New England Hockey Factory
P.O. Box 221
Sunderland, MA 01375

CLINIC APPLICATION

Player First Name

Player Last Name

Address

City/State/Zip

Parent Name

Home Telephone

Day Telephone

Email Address

DOB

Previous Team

Height

Weight

Jersey Size

Position:

- Forward
- Defenseman
- Goaltender

Payment Method (please check one):

- Visa
- MasterCard
- Check (Made Payable to New England Hockey Factory)

Credit Card Number

Exp. Date

\$ _____
Amount to be charged

Cardholder Name

Cardholder Signature