



Glenview Stars 2013-14 Minor Mites Developmental

Mites 2007 birth years only

The Glenview Stars are pleased to announce our Minor Mite Development program (MMDP). The purpose of this program is to allow the participants the opportunity to improve their skills following the American Development Model (ADM) created by USA Hockey to improve the experience through a series of skill and station based practices. Each on-ice practice will focus on the fundamental skills along with "cross-ice games". Additionally, there will be six-full ice scrimmage games with similar teams from Northbrook, Wilmette, and Glenview.

We try to minimize any conflicts with house league as best as we can. Each team will play beginning right after the school break in January and concluding in early March. The purpose of the program is to:

1. Give additional ice time/instruction/competition to participants and develop your hockey player.
2. Allow players/parents to experience "travel" hockey on a limited basis to determine the interest level before making a full commitment to travel hockey.

The player fee includes 6 full ice scrimmages and a minimum of 6 skill sessions, referees, team jersey, and coaches. Some goalie equipment is available for use if needed.

Player fee: \$295

Goalie fee: \$100

There will be a player evaluation session on **Sunday, December 15th 8:10-9:20 am** at the Glenview Ice Center. We are forming one team. Children participating in the Glenview Grizzlies House League **born in 2007** are eligible to participate.

We cannot guarantee spots to all children. Team placement will be made in the order of when registrations are received 1st come 1st served. 15 players 1 goalie (one team will be formed)

There is no fee for evaluations, but payment is due in full prior to evaluations. Payments will be processed only after team is announced and your player is placed on a team.

****You must include your players 2013-14 USA hockey confirmation page with registration****

STARS 2013-14 MINOR MITE DEVELOPMENTAL REGISTRATION FORM

Player Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip _____

Phone Numbers: (H) _____ (C) _____

Email Address: _____

Parents' Names: Mom _____ Dad _____

Visa/Master Card# on card: _____

Exp. Date: _____ Sec Code _____ Amount Authorized:\$ _____

Checks payable to The Glenview Stars: Check # _____ Amount \$ _____

Submit form to the **Glenview Stars, 1851 Landwehr Rd. Glenview, IL 60026**
by **Dec 11th, 2013** **Questions?**

Please contact our Hockey Director Sylvain Turcotte hockeydirector@glenviewstars.org

