



## **ORONO SPARTANS** **SUMMER HOCKEY DEVELOPMENT**

### **Welcome to the Orono Spartans Summer Hockey Development!**

Our program allows player to train with their teammates during the summer.  
Players should register for the level they will play next year.

### **The camp will run during the following weeks:**

**June 11<sup>th</sup>- July 25<sup>th</sup> (6 week camp - week of July 4<sup>th</sup> we have off)**

#### **Staff:**

Orono Summer Hockey Development will be providing full and part time staff with many years of hockey knowledge and experience led by:

**Orono High School Staff and a bunch of special guests that are current and former college players**

#### **On-Ice Training:**

Skills – Individual hockey skills are the most important aspects of becoming a hockey player. Our program strives develop the complete hockey player. Skating will be one of the main skills of emphasis. Other skills such as stick handling, passing, and shooting will also highlighted.

#### **Small area games:**

Small area games will help develop multiple skills necessary to compete. We will have many different small area games along with 3v3 and 4v4 games. The more the players can touch the puck and be a part of the action, the better overall player they will be.



## **ORONO SPARTANS** **SUMMER HOCKEY DEVELOPMENT**

### **Costs:**

High School	\$575
Bantams	\$575
Peewees	\$575
Squirts	\$575
Mites	\$300

### **Schedule:**

#### **High School Group 1**

Tuesday-Wednesday-Thursday 8:00-9:00 AM

#### **High School Group 2**

Tuesday-Wednesday-Thursday 9:15-10:15 AM

#### **Bantams**

Tuesday-Wednesday-Thursday 10:30-11:30 AM

#### **Peewees**

Tuesday-Wednesday-Thursday 11:45-12:45 PM

#### **Squirts**

Tuesday-Wednesday-Thursday 1:00-2:00 PM

#### **Mites**

Weeks 1-4 Tuesday-Wednesday-Thursday 2:15-3:15 PM

Questions contact Sean Fish at [sfish011@hotmail.com](mailto:sfish011@hotmail.com) or 763-607-2567



## **ORONO SPARTANS** **SUMMER HOCKEY DEVELOPMENT**

### **2023 Summer Hockey Development Registration**

Name:

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Birth Date:

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Parent Names:

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Address:

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Parent Cell: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **Payment:**

Please make checks payable to:

Sean Fish  
11553 Pineridge Way N  
Dayton, MN 55327

**Payments will be accepted now until May 15th, 2024.**