

About Eddie Hill

Born and raised in Newburyport, Eddie Hill grew up playing in the Newburyport Youth Hockey League and also with the North Shore Raiders and Middlesex Islanders.



At age 15, Hill played junior hockey for the Tyngsboro Huskies of the Eastern Junior League and by 16, became the youngest player to play in the United States Hockey League (USHL) with the Green Bay Gamblers. In his first year, he helped Green Bay to the Junior A National Championship and was named captain the following season.

Hill signed with the Barrie Colts of the Ontario Hockey League (OHL) the following year and was drafted by the Nashville Predators in the second round (61st overall) in the 1999 NHL Entry Draft, held at the FleetCenter. After two more seasons in the OHL and a championship, Hill signed an NHL contract with the Carolina Hurricanes.

After eight years of pro hockey, which included attending five NHL training camps and playing in the farm systems of the Carolina Hurricanes, St. Louis Blues and Phoenix Coyotes, Hill is now working with Euro Hockey International Sports Agency as its North American Partner-Scout. He also served as an assistant coach with the girls' program at Minnesota powerhouse Edina High School.



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Hill Hockey Clinics

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**TOTAL
HOCKEY
CLINIC**

July 5-August 31
Graf Rink
Newburyport, Mass.

The Mission

At Hill Hockey Clinics, we believe in skill enhancement and fine-tuning of basic strategy to personally condition and maximize potential for your son or daughter.

- Under speed stride technique
- Over speed with and without pucks
- Stickhandling development
- Lateral movement drills
- Agility drills
- Small area games and competition drills
- Shooting techniques
- Sprinting and conditioning intervals

NEW! Small Groups and Private Lessons for Mites Through High School players

This program is a unique opportunity for young hockey players interested in improving skating, speed and strength. This highly-challenging training program provides an atmosphere for tremendous improvement. It is a great opportunity for the player willing to make a commitment to becoming stronger and faster. HHC is committed to developing one hockey player at a time.

- 10 Maximum per group
- Please e-mail or call for pricing information

NEW! HHC Sweet Hands Off-Ice Only Clinic

Where: Graf Rink Parking Lot
When: Fridays, July 9-Aug. 27 • 9-10 a.m.
Cost: \$200 or \$25/session (Eight weeks)
For all ages

This off-ice clinic will improve the players stick handling, shooting and playmaking abilities. Clinic will be instructed by Eddie Hill and future UMass Lowell player and NHL prospect Billy Eiserman.

Clinic Format

*Nine Sessions

Group 1: Mite Minor (Based on ability)

- Mondays July 5-Aug. 30, 5 p.m. to 6 p.m.

Group 2: Mite Major (Based on ability)

- Mondays July 5-Aug. 30, 6 p.m. to 7 p.m.

Group 3: Squirts

- Mondays July 5-Aug. 30, 7 p.m. to 8 p.m.

Group 4: Mites and Squirts (Ages 7+)

- Tuesdays July 6-Aug. 31, 5 p.m. to 6 p.m.

Group 5: Pee Wee and Bantam

- Tuesdays July 6-Aug. 31, 6 p.m. to 7 p.m.

Investment

- \$275 per player
- Goalies \$100

Family Special

- \$475 for two kids
- \$695 for three kids

Dates

July			August		
M	Tu	F	M	Tu	F
5	6	9	2	3	6
12	13	16	9	10	13
19	20	23	16	17	20
26	27	30	23	24	27
			30	31	

Contact: Hill Hockey Clinic
P.O. Box 1004
Newburyport, MA 01950
Phone: 978-793-3161
HillHockeyClinic@gmail.com
www.HillHockeyClinic.net
(coming soon)

2010 Application



Parent/Guardian Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Person: _____

Emergency Contact Number: _____

Player Information:

Name: _____

Date of Birth: _____

Position: _____

Current Team: _____

Group #: _____

Every player receives a HHC Jersey

Please Circle Jersey Size:

Youth S/M L /XL
Adult S M L XL XXL

Payment Information:

A **non-refundable** deposit of \$100.00 must accompany this application. Balance must be paid in full by **June 4, 2010**. Cash, checks and credit cards (Visa or Mastercard) accepted.

Return Application and Payment to:
Hill Hockey Clinic
P.O. Box 1004
Newburyport, MA 01950

Credit Card Information

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Verification Code (Last three digits on the back): _____

I hereby authorize Hill Hockey Clinics to charge my credit card for the transaction dated _____ amounting to _____ only.

Signature: _____

Date: _____

