JUST GOALIES

JUNE 2026 DATES

EXCLUIVE FRIDAY CLINICS THIS JUNE!

Just Goalies Staff has been together training goalies for over 28 years! Our Friday Clinic Sessions are unique in-season opportunities for progressive goalie training with a focus on positioning, tracking, footwork, puckhandling, work ethic & fun.

OUR 28TH YEAR!

*** Jason Muzzatti** (above & left)
Founder of Just Goalies. 16 Year Pro Goalie, former NHLer & Olympian, former Michigan State Goalie Coach and NHL Carolina Hurricanes Goalie Coach.

*** Tory Gentile** (above)
Former Goalie Coach of the NAHL Jamestown Rebels whose goalie was named 2017 NAHL Player & Goalie of the Year. Team also broke all-time NAHL shut-out record.

Friday Clinics 4:30-5:20 PM

New Exclusive JUNE 2026 Dates listed Below

All Clinics at **Biggby Coffee Ice Cube East Lansing**

Sessions fill up FAST. Sign-up is first come, first serve based on registration with payment received.

Call: **Just Goalies** at 517-381-9677

E-mail: **JustGoalies@aol.com**

Website: **www.JustGoalies.net**

Cut Here & Mail with Payment

Name: _____
Address:_____
City: _____
Prov./State: _____ Zip_____
Date of Birth: _____
Email: _____
Parent Name(s): _____
Home Phone: _____
Cell Phone: _____
# of Years as a Goalie: _____
Level of Hockey/Current Team:_____
Medical Problems we should be aware of:
_____

Please read carefully before signing I acknowledge, agree and understand that there are risks inherent to the activities carried on the ice rink and other parts of the facility. I freely and knowingly assume all risks inherent to the activities carried on at the ice rink and all other parts of the facility and fully understand that said activities involve risks to the participants including bodily injury, partial or total disability, paralysis, death and damages that may arise therefrom. Therefore, I indemnify, and hold harmless JUST GOALIES L.L.C., its directors, officers, agents, employees, volunteers and affiliates from any and all costs, losses, liabilities, damages, lawsuits, deficiencies, claims and expenses. In the event that my child is injured, I give permission for that person in charge to seek medical attention.

Parent Signature:

_____

Date:

_____

Payment:

$40.00/each exclusive session

Circle Sessions Attending Below:

May 29

June 5, June 12, June 19

All clinics at East Lansing Ice Cube

Number of Sessions: _____

Cost per Session:_____

Total Enclosed:_____

Mail application & check made to:

'Just Goalies'
JUST GOALIES
P.O. Box 404
Okemos, MI 48805