

48th
Annual



MIKE GERAGOSIAN'S

GERAGOALTENDING

&

SHIELD GOALIE ACADEMY

2026

THANKSGIVING

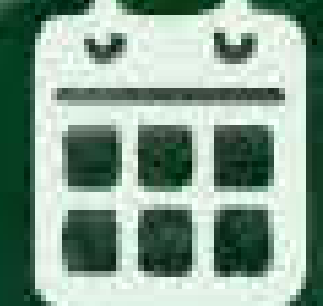
2 DAY GOALIE CLINIC

◆ CONDITIONING GAME ◆ SITUATIONAL DRILLS ◆
FOR MIDDLE SCHOOL, HIGH SCHOOL & PREP GOALIES



Get Pre-Season Ready

Through on-ice instruction, off-ice instruction, we teach goaltenders the fundamentals while providing real-time game strategy and techniques. This is your chance to sharpen your goaltending skills and gain an edge on the competition. Mike Geragosian has coached, mentored, and consulted goalies at every level, from mites to the NCAA—including Princeton, UMass Lowell, Endicott, Boston University, and the NHL. The positive coaching style and use of advanced techniques at Gera Goaltending have proven to be a successful formula!



WEDNESDAY, 11/25

2:00 PM

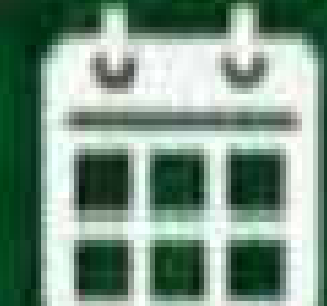
Registration/check-in.

2:20 PM – 2:50 PM

Greeting and lecture/video
with Coach Barchard.

3:10 PM – 4:40 PM

On-ice Development



FRIDAY, 11/27

11:50 AM – 12:20 PM

Coach Gera lecture:
Preparing for Games
and Tryouts!

12:40 PM – 2:10 PM

On-ice Development.



The Edge Sports Center
191 Hartwell Rd, Bedford
MA, 01730



Ages 12 and older

2-DAY CLINIC:

\$300

Contact us



(978) 681-6555
AagCamp@aol.com
Find us on Facebook | [Facebook.com/GeraGoaltending](https://www.facebook.com/GeraGoaltending)



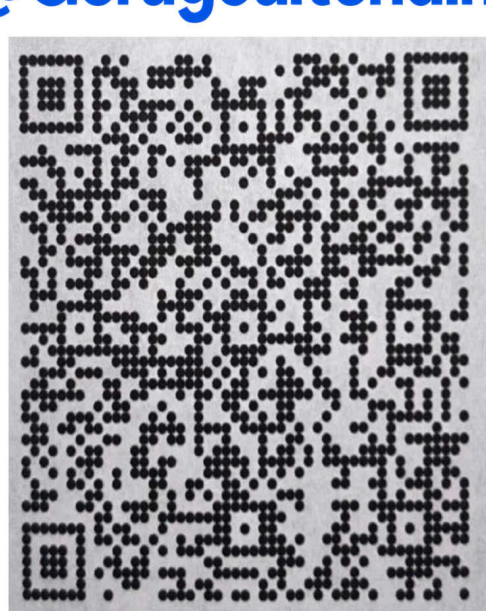
Name: _____	Birth Date: _____	Level: _____
Dates attending: _____	Height: _____	Weight: _____
City: _____	Years played: _____	Shot: _____
State: _____	M _____	F _____
Zip: _____	Insurance & Policy #: _____	
Home Phone: _____	Position: _____	
Cell Phone: _____	This year's team: _____	
	Email address: _____	

Pay by Cash, Venmo: Michael Geragosian @GeraGoaltending
Mail check payable to Mike Geragosian
Mail to: P.O. Box 494, Wakefield, MA. 01880

I understand and agree that All American Hockey Clinics, its staff, and the facilities used are not responsible or liable for injuries sustained by the participant while attending the clinic. I authorize All American Hockey Clinics to obtain emergency medical care for the participant if necessary and accept responsibility for any resulting medical expenses. I certify that the participant is in good health and physically able to participate in the goalie and defense camp.

Name of Child: _____
Parent or Guardian Signature: _____
Date: _____

Michael Geragosian
@Geragoaltending



venmo
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